WORCESTER REACHES OUT TO SOUTHEAST ASIANS

A Handbook for Increasing Understanding

Office of Minority Health
Resource Center
P.O. Box 37337
Washington, DC 20013-7337

Compiled by
The Southeast Asian Health Coalition
Family Health and Social Service Center

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Worcester Reaches Out to Southeast Asians:

A Handbook for Increasing Understanding

The Southeast Asian Health Coalition
Family Health and Social Service Center
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All articles were excerpted with permission from the publishers. Please note that footnotes from the originals were omitted.

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The opinions expressed in excerpted articles are those of the authors, not necessarily of the Southeast Asian Health Coalition.

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Family Health &
Social Service Center

August 18, 1995

Southeast Asian Health Coalition
26 Queen Street
Worcester, MA 01610

Dear Participants in the Southeast Asian Health Coalition:

I would like to take this opportunity to congratulate all of you, who have worked so tirelessly to advocate for and improve services to the Southeast Asian populations in Worcester, for your fine efforts. You should be proud of your many accomplishments over the past four and a half years.

The Family Health and Social Service Center has been honored to work with the Southeast Asian Health Coalition on the implementation and development of the Southeast Asian Health Program. This outreach, health education, and advocacy program, which helps individuals access primary care mental health and support services, has positively impacted the lives of many Southeast Asians living in Worcester. It has enriched the lives of the staff and medical providers at the Health Center, who have had the opportunity to work with you in the joint effort to improve services for the Cambodian, Laotian, and Vietnamese communities. Your dedication to your communities and your patience in helping us learn about the Southeast Asian cultures has been exemplary.

I commend your continuing efforts to share your communities' culture and needs with the service providers in Worcester. I look forward with great anticipation to reviewing this handbook. I would encourage all service providers to work with the Southeast Asian communities. The rewards of such work, as we have discovered, are mutual.

My best wishes for your continued success in all your efforts.

Sincerely,

Marie McCarthy-Kaye
President/CEO

LAOTIAN COMMUNITY
of Worcester

September 21, 1995

Dear Southeast Asian Health Coalition:

On behalf of the Laotian community, I would like to voice my appreciation to the Southeast Asian Health Coalition for providing us an opportunity to participate in this handbook and to become involved with the Coalition. This whole process has helped promote activities for the Laotians in Worcester. As the same time, it has allowed the Laotians to be more involved with other communities.

I would like to congratulate the Coalition on a job well done. I hope the readers' experience with this handbook is educational and enriching and that they will gain a better understanding of the Laotians and our culture. The Laotian community has gained much knowledge while working on the handbook.

I also hope that through this handbook and the coalition, services can be provided to the Laotians. The Laotian community appreciates the chance for us to share our culture with the other communities.

Sincerely,

Phettavanh Boupahvichith

ពុទ្ធិកសមាគមខ្មែរ
ក្រុងវ៉ីរសេស្ទ័រ រដ្ឋម៉ាសាជូសេតស៍
CAMBODIAN BUDDHIST SOCIETY
OF WORCESTER, MASSACHUSETTS

September 7, 1995

Dear Providers:

The Cambodian Buddhist Society of Worcester is very glad to participate in the production of a Handbook to assist Worcester's service providers.

The Cambodian people in Worcester have worked many years to form the Cambodian Buddhist Society. We hope that our participation in the Handbook will help provider organizations understand the unique cultural identity of the Cambodian Community. We hope this Handbook will aid providers in their efforts to serve the diverse Southeast Asian groups in Worcester.

You may call upon the Cambodian Buddhist Society of Worcester in the effort to integrate the Southeast Asian peoples into the larger community in Worcester.

Sincerely Yours,

Sokhom Chhon

Sokhom Chhon,
Secretary

August 18, 1995

Southeast Asian Health Coalition
c/o Family Health & Social Service Center
26 Queen Street
Worcester, Ma 01610

Dear Southeast Asian Health Coalition (SEAHC) members:

On behalf of the Southeast Asian (SEA) Community in Worcester, we would like to say thanks to all the Coalition members who got the SEA health project started - with special thanks to Quit Duong for her frequent input and strong attendance at the coalition meetings, since our first meeting on April 2nd, 1991.

We also wish to convey our thanks to:

* all the staff members of the Southeast Asian Health Program (SEAHP), who always worked beyond the call of duty - with special thanks to:

- Vanna Lee, a very dedicated young professional lady who holds two "heavy duty" positions, SEAHC Coordinator and SEAHP Director.
- Dr. John Wiecha a young medical doctor who tries hard to understand the different culture and way of treatment of his Southeast Asian patients.
- Sara Bun, a staff member who regularly worked above normal work requirements, a true 24 hours service provider.
- Trang Ngo and her co-worker Jennifer Liet Doan, two effective "wheel-spinners" for all the senior programs and outreach. The Vietnamese seniors are now more familiar with the name "bịnh viện dì Trang" (Aunt Trang Hospital) rather than Family Health Center.
- Tam Le, the SEAHP newsletter man and Thuy Vo, the SEA Youth Advisor, for the accomplishment of their duties, both of whom bring home the struggle between different cultures, different ways of writing, speaking, acting... How to translate from a simple and "open" English sentence to the delicate and conservative Vietnamese language. How to work with the SEA youth with their "banana" conflicts (Yellow outside, White inside)....

* all the members of the Family Health and Social Service Center (FH&SSC), who are the "umbrella and backbone" for both the SEAHC and the SEAHP- with special thanks to:

- Marie McCarthy-Kaye, President/CEO, who with her strong leadership did help the SEAHC and the SEAHP take off from a rocky starting point.
- Jane Hodgkins, Director of Development, who on February 1st, 1991 saw "the light at the end of the tunnel", made a call and lighted a torch to lead the troups.
- all the receptionists and telephone operators at the FH&SSC, who try very hard to understand the SEA clients, you are really our LINK.

* all the officials in City Hall, School Department, Health Department ... our friends, too many to name - who do not recognize all they did for the Southeast Asian Community in Worcester, but who really did so much more than they know - with special thanks to the Mayor of the City of Worcester, Honorable Raymond V. Mariano; City Councilor Janice Nadeau; City Manager Thomas R. Hoover; Police Chief Edward Gardella and all the Vietnamese bilingual teachers who give the Southeast Asian community in Worcester their support.

THANK YOU.

Sincerely,

Vinh D. Nguyen

Vinh D. Nguyen

CITY OF *Worcester*
MASSACHUSETTS

RAYMOND V. MARIANO
MAYOR

14 Fox Hollow
Worcester, MA 01605
Telephone:
Office: (508) 799-1153

To the Southeast Asian Health Coalition:

Worcester is a wonderful place to live and raise a family. We have excellent schools, a growing economic base and many exciting new development projects are underway.

But the true vitality of our community will not be found in our bricks and mortar. Worcester's strength comes from its neighborhoods and its diversity. If we are to succeed, we need to capitalize on our diversity by encouraging every citizen and every group to become an active member our city family.

Shortly after becoming Mayor, I met with a group of new citizens who originated from Southeast Asia. Like every other immigrant group before them, these new citizens want nothing more than an opportunity to work hard and build a better future for their children.

It is important that we reach out to our fellow citizens and provide them with the encouragement, support and tools that they need to become productive members of our City family. As they succeed, our City succeeds.

Sincerely,

Raymond V. Mariano
Mayor
City of Worcester

RVM:ag

GREATER WORCESTER
COMMUNITY
FOUNDATION, INC.

44 FRONT STREET SUITE 53[illegible] WORCESTER, MA 01608-1782 TEL. 508 755 [illegible]
FAX 508 755 3406

Dear Not-for-Profit Colleague,

"Worcester Reaching Southeast Asians:

A Handbook for Worcester Organizations"

We hope that you will make use of this new resource as you welcome people from countries in Southeast Asia as new members of our community.

The Southeast Asian Health Coalition has done a tremendous job in gathering together people who are Laotian, Hmong, Cambodian, Vietnamese or Thai and are calling Worcester their home. This guide presents a view of their aspirations, needs and ideas for a better community. Please take advantage of it as you consider ways to improve your own programs, governance or staffing to meet your agency's mission.

Ann T. Lisi

Executive Director

August, 1995

United Way
of Central
Massachusetts

484 Main Street Suite
Worcester MA 01608
Phone 508 757 5031
Fax 508 757 2712

August 21, 1995

Dear Southeast Asian Health Coalition:

On behalf of the United Way of Central Massachusetts, I'm pleased to write this letter of introduction to the **Worcester Reaching Southeast Asians Hand Book**. The wealth of information and data contained in the Hand Book will prove to be a valuable resource for local non profit providers, city agencies and schools.

Diversity and multiculturalism are terms we hear almost daily. The Southeast Asian Health Coalition has been at the forefront in addressing the issues facing the Southeast Asian population in our community. The Hand Book is an important step in helping us learn about the Southeast Asian population and identifying ways to work together to build a strong and diverse community.

The Conference being planned for this fall with help us to build on the resources already identified in the Hand Book. I look forward to working closely with the Coalition in this exciting endeavor.

Sincerely,

Toni L. Gustus

Toni L. Gustus
Vice President of Planning and Allocations

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Rockville MD 20857

SEP 20

Dear Southeast Asian Health Coalition Members:

Congratulations on successfully completing your resource handbook entitled, "**Worcester Reaching Southeast Asians**". This handbook will prove to be a valuable resource tool in increasing awareness and sensitivity to the Southeast Asian population.

During this time of rapid changes in relationships between Federal, state, and local governments, it is crucial that we develop a common vision and appropriate linkages among Federal, state, and private sectors of the Nation's health care system. It is imperative that those of us responsible for minority health issues are able to quickly exchange information, expertise, and provide assistance as we improve the health status and the quality of life for racial/ethnic minority populations.

As an Office of Minority Health grantee, we are especially proud of the success of the Family Health and Social Service Center in accomplishing your goals.

In closing, we challenge organizations to utilize "**The Worcester Reaching Southeast Asians**" handbook and continue to work together to improve linguistic and cultural competency in health care delivery to all racial/ethnic communities.

Please accept my thanks and appreciation for a job well done. Keep up the good work.

Sincerely,

Clay E. Simpson, Jr., Ph.D.
Deputy Assistant Secretary for
Minority Health

ACKNOWLEDGMENTS*

THIS HANDBOOK WAS MADE POSSIBLE WITH THE HELP OF MANY, MANY PEOPLE. WE WOULD LIKE TO THANK THE FOLLOWING FOR THEIR CONTRIBUTIONS:

Elizabeth Beaulac
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Luong Nguyen
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Daravuth Seng
Jay Sherwin
Harri Thibeault
Tran Ton Nu
Duoc Tran
Hanh Tran
Hiep Tran
Hao Tran
Lau Tran
Lieu Tran
Mai Tran
Na Tran
Quat Tran
Trung Tran
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Ren Tuon
Thony Un
Loan Anh Vidmanis
Ha Vo
Thai Vo
Robert Watson
Suong Yim

We would also like to give special thanks to:

Phettavanh Bouphavichith (from the Laotian community)
Worcester Asian Youth Group

Sroeung Lay and Sokhom Chhon (from the Cambodian community)
Worcester's Cambodian Buddhist Society

Vinh Nguyen (from the Vietnamese community)
Worcester Office of Human Resources

Trinh Nguyen, Research Assistant

We also thank all those who took time to respond to the survey distributed to nonprofit organizations and the organizations that gave us permission to reprint excerpts from articles.

* *We apologize for our inability to include the correct accent marks on proper names. We have listed first names first and last names last, which is the American, not the Southeast Asian, spelling of names.*

Introduction

Two trends make this handbook timely. First, the Southeast Asian population in greater Worcester continues to grow at a rapid rate (see the section on "Population Trends in Asian Communities"). Secondly, there is increasing interest and commitment among nonprofit organizations to increase the cultural appropriateness of their interactions with Southeast Asians (see the section on "Worcester's Assessment of Its Own Cultural Competence").

The Southeast Asian Health Coalition formed in 1991 in response to these trends. It strives to bring together Southeast Asians to improve their ability to access quality health care. But health care is only one of many issues facing Southeast Asians in greater Worcester. For complex reasons including language, culture, economics, politics, etc., many needs of Southeast Asians are unmet.

The Southeast Asian Health Coalition has been pleased to assist area nonprofits trying to serve the range of needs in the fast growing Southeast Asian population. However, the frequency and range of these requests flagged a need for a more systematic response to the gap between Southeast Asian needs and the nonprofit sector's ability to respond. The Office of Minority Health funded activities including this handbook to try to fill these gaps. A conference is also scheduled for October 20, 1995 to bring the Southeast Asian communities of Worcester together with nonprofit professionals to build relationships and intercultural understanding.

This handbook is a product of three research efforts:

- We scanned existing literature for articles covering the history of Southeast Asia, the relationship between Southeast Asia and the U.S., an explanation of the refugee influx, and Southeast Asian cultural characteristics. Excerpts from these articles are reprinted to provide context for the information that is specific to Worcester.

- We distributed a written survey to over 350 nonprofit organizations in the Worcester area in the summer of 1995. The results showed that nonprofit organizations in Worcester have a tremendous interest in increasing their knowledge and skill at working with Southeast Asians.

- Two sets of focus groups were conducted with Southeast Asians in Worcester. The first set took place in February, 1995 in conjunction with the diversity initiative of the Greater Worcester Community Foundation. Separate meetings were held with Southeast Asian youth, Vietnamese women, Vietnamese men, and Southeast Asian social service workers. The second set of focus groups took place in the summer of 1995 with Cambodian and Laotian residents in Worcester. Focus groups were supplemented with individual interviews.

The handbook is limited by the brief time in which it was put together, our inability to conduct more focus groups to reach a broader number of community members (and no focus group with Hmong), and the difficulty of presenting such a great deal of complex material in an understandable, written form. We apologize for any errors or omissions.

The objective of this research and its presentation in this handbook is to provide a rich, human, substantive portrait of Southeast Asians along with specific information to help non-profit professionals interact more comfortably and effectively with Southeast Asians. Information never supplants skill and insight gained from experience. It is our hope that this handbook will provoke readers' interest in increasing their professional and personal relationships with Southeast Asians. Southeast Asians are not the only ones who stand to benefit. Worcester does too.

SOUTHEAST ASIA

A Note on Terminology

"Southeast Asia is sometimes preferred over Indochina, mainly to avoid any connection to the usage of the latter term during the period of French colonial rule. Southeast Asia, however, is a broad and imprecise term both geographically and historically, covering as it does a vast region and countries as diverse as Thailand, Burma, Malaysia, Indonesia, Brunei, Papua New Guinea, and the Philippines, none of whom share the fateful history of U.S. involvement during the Indochina War, nor of special U.S. sponsorship of refugees who fled after the collapse in 1975 of the U.S.-backed governments in Saigon, Vientiane, and Phnom Penh." It should be noted that people from Vietnam, Cambodia, and Laos do not identify ethnically either as Indochinese or as Southeast Asian.

Quoted from: Gap Min, Pyong, ed., Asian Americans: Contemporary Trends and Issues (Thousand Oaks: Sage Publications, 1995), p. 266.

"Southeast Asian" is used in this handbook to refer to the peoples of Vietnam, Cambodia (Kampuchea) and Laos, including the Hmong.

Census data is the best we have. But it is known to under-count minorities, especially Asians.

POPULATION TRENDS IN ASIAN COMMUNITIES

From 1980 to 1990, the Asian population of Massachusetts grew by 194%, compared to overall state population growth of 5%. The growth rate of the Asian community in Massachusetts during the 1980s far outstripped the growth rate of other Massachusetts racial and ethnic groups.

In Worcester, during the same time period, the Asian population grew an estimated 490% (from 974 to 4,770).

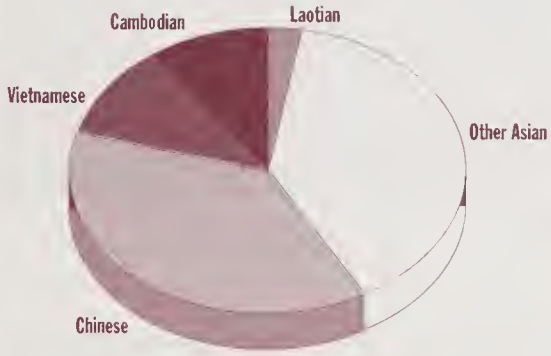
In 1900, 1 out of every 777 Massachusetts residents was Asian; by 1990 that figure had grown to 1 out of every 42. The growth was fueled not only by an increase in the number of Chinese, but also by immigration of Southeast Asians to Massachusetts, primarily Vietnamese, Cambodians, and Laotians.

Boston had the largest Asian population in Massachusetts in 1990, 30,388, followed by Lowell, Cambridge, Quincy, and Worcester.

Source: Massachusetts Department of Public Health. Bureau of Health Statistics. Chinese & Southeast Asian Births in Massachusetts. Boston. June 1993. Reprinted with permission.

Distribution of Asian Population

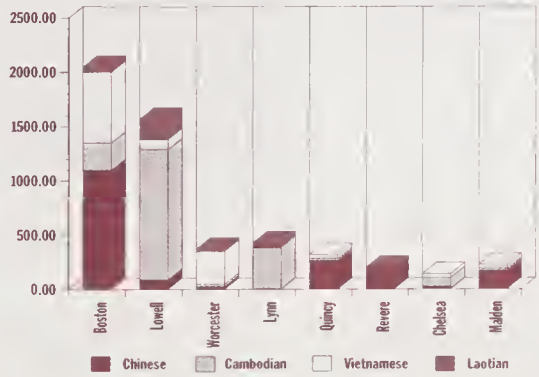
Massachusetts: 1990



Source: U.S. Bureau of the Census

Chinese and Southeast Asian Births in Selected Communities

Massachusetts: 1990



Source: U.S. Bureau of the Census

Asians in Worcester

"We have 70 Lao families. That's 200-300 people in the greater Worcester area. A big family has 6, 7 children. We don't have many elderly, maybe less than 10. Of those 70, only three are Hmong that I know of."

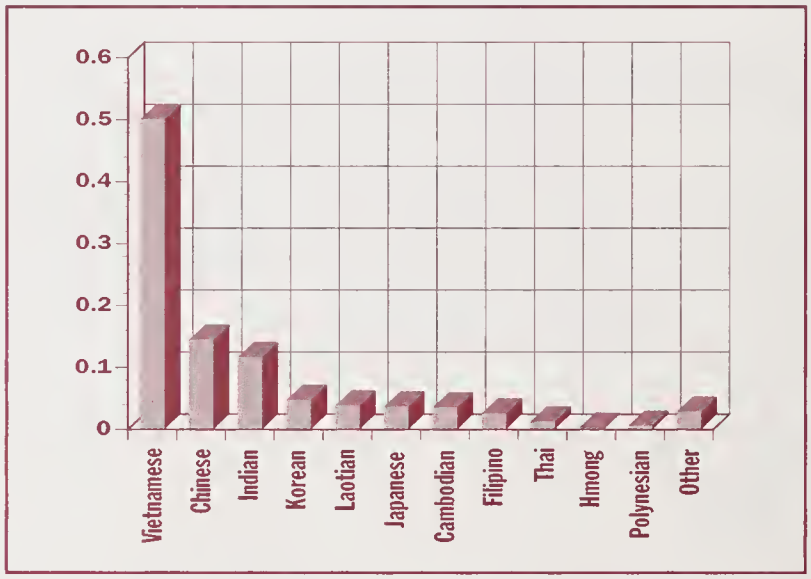
(Lao resident of Worcester)

"Most people say there are no Cambodians in Worcester, just Vietnamese. We suffered the most compared to other people in Southeast Asia. Cambodia had only 7 million people, and 2 million people were killed, especially the educated. One-third of a nation has been killed. Look at my people."

(Cambodian resident of Worcester)

A document compiled by Don Chamberlayne for ACCORD in 1994 used 1990 U.S. Census Data to estimate the 1994 Asian population of Worcester at approximately 5,700 persons (out of a total population of approximately 170,000).

Assuming that the proportion of Asian groups has remained the same, the percentage of Asians in each group would be approximately:



Median Age	
Asian-Americans	26 years
All Worcester	31.8 years
Percent Under Age 18	
Asian-Americans	33.5%
All Worcester	30.1%
Percent Over Age 65	
Asian-Americans	2.0%
All Worcester	16.1%

In October, 1994, there were 1,501 Asian-Americans in Worcester Public Schools (about 6.6% of all students).

According to Worcester's Community Development Block Grant Consolidated Plan, the Asian population of Worcester is projected to grow to 8,242 by the year 2000.

Source: ACCORD: The Center for Human Relations and Community, 59 Williams Street, Worcester, MA 01609.

Income and Education

Economic indicators comparing Asians to the state as a whole provide a mixed message. On the one hand, average household income for Asians was higher than for Massachusetts. [Southeast Asians in Worcester explain this by noting that Asians often live in multi-family households with several working adults. This elevates the household income but doesn't affect per person poverty rates.] However, a much higher proportion of Asians remained below the poverty level as compared to Massachusetts as a whole. Clearly, wide variation in economic status exists within the Asian community.

The Asian community was also characterized by bipolar patterns in education and socioeconomic status. While the proportion of Asians obtaining a college degree is much higher than that in the state as a whole, the proportion of Asians with low educational attainment is above the state average overall.

"I think Worcester is a quieter place to raise a family compared to California where there are gangs. But in California, the Vietnamese community is more organized. They have a daily newspaper and TV. There, you will know about issues or events that happen within 24 hours. In Worcester, you might never know."

(Vietnamese elder in Worcester)

"I live with five different families, we're all the same family, just different branches. We have three generations in one house in several apartments. There are so many people in there, so many kids running around. Maybe 13 or 15, a bunch of smaller ones. You can hear them from the third floor to the first floor. It's kind of funny. You get used to it."

(Vietnamese youth in Worcester)

Source: Massachusetts Department of Public Health. Bureau of Health Statistics. Chinese & Southeast Asian Births in Massachusetts. Boston. June 1993, pp. 18-19. Reprinted with permission.

A Legacy of War: Indochinese Refugees in Historical Perspective

Source: Gap Min, Pyong (editor), Asian Americans: Contemporary Trends and Issues, pp. 236-239, copyright (c) 1995 by Thousand Oaks: Sage Publications, Inc. Reprinted by permission of Sage Publications, Inc.

Since the war's end in 1975, over 2 million refugees are known to have fled Vietnam, Laos, and Cambodia. The refugee exodus was shaped by complex political and economic factors. As is true of refugee movements elsewhere, the first waves of Indochinese refugees were disproportionately composed of elites who left because of ideological and political opposition to the new regimes, whereas later flows included masses of people of more modest backgrounds fleeing continuing regional conflicts and deteriorating economic conditions. Vietnamese professionals and former notables were greatly over represented among those who were evacuated to American bases in Guam and the Philippines under emergency conditions during the fall of Saigon. Lao and Cambodian elites, by contrast, were much more likely to go to France (the former colonial power in Indochina), where French speaking Indochinese communities, particularly in Paris, had developed as a result of more than half a century of previous migration.

Among the first to flee on foot across the Mekong River into Thailand were the Hmong, but they were the least likely to be resettled by Western countries at the time. Most were to languish in Thai camps for years. In Vietnam and Laos, meanwhile, several hundred thousand persons with ties to the former regimes were interned in "re-education camps." Beginning in 1989, over 50,000 of those former Vietnamese political detainees would be resettled in the United States under special legislation. In Cambodia the cities were de-urbanized as the population was forced into labor camps in the countryside; the capital of Phnom Penh became a ghost town practically overnight. But the exodus of the 1975 refugees was only the beginning of an emigration that has not yet run its course.

A massive increase of refugees beginning in late 1978 was triggered by a series of events:

- The Vietnamese invasion of Cambodia, which quickly ended 3 years of Khmer Rouge rule
- The subsequent border war between Vietnam and China in early 1979, which accelerated the expulsion of the ethnic Chinese petit bourgeoisie from Vietnam
- A new guerrilla war in the Cambodian countryside, already wracked by famine and the destruction of the country's infrastructure
- The collapse of both the Chao Fa guerrilla resistance against the Pathet Lao and the new system of collective agriculture in Laos, compounded by mismanagement and natural catastrophes.

"In Vietnam I expected that being in the U.S. would be freedom. The Viet Cong came and took our home. We lost everything. The life there is hard. We heard rumors about it here, so we ran here. Here it's good in some ways, especially in material ways. But the happiness is more over there. You're poorer in Vietnam. Here, conditions are better, but without the happiness you miss your home."

(Vietnamese youth in Worcester)

Hundreds of thousands of Cambodian survivors of the Pol Pot labor camps fled to the Thai border, along with increased flows of Hmong and other refugees from Laos; about 250,000 ethnic Chinese from North Vietnam moved across the border into China, and tens of thousands of Chinese and Vietnamese boat people attempted to cross the South China Sea packed in rickety crafts suitable only for river travel. Many drowned or were assaulted by Thai pirates preying on refugee boats in the Gulf of Thailand. By spring 1979 nearly 60,000 boat people were arriving monthly in the countries of the region.

These events led to an international resettlement crisis later that year, when those "first asylum" countries (principally Thailand, Malaysia, and Indonesia) refused to accept more refugees into their already swollen camps, often pushing boat refugees back out to sea (Malaysia alone pushed some 40,000 out) or forcing land refugees at gun point back across border mine fields. In response, under agreements reached at the Geneva Conference in July 1979, Western countries began to absorb significant numbers of the refugee camp population in Southeast Asia.

In total, just over 1 million refugees had been resettled in the United States by 1992 and 750,000 in other Western countries (principally Canada, Australia, and France); many others still languished in refugee camps from the Thai-Cambodian boarder to Hong Kong. Harsh "humane deterrence" policies and

"I was nine years old, in the fifth or sixth grade. There were 26 students in my class in Laos, and every day there was somebody missing. What happened? Different families escaped in different ways—some by boat, some by swimming with their belongings in a plastic bag. You didn't want people to see you, so you used a banana tree. The water moves to the South so it's not that hard to swim. You mostly float."

(Lao resident of Worcester)

occasional attempts at forced repatriation sought to brake the flow of refugees to first-asylum countries, with limited success. After 1979 the number of boat refugee arrivals declined, but it never dropped below 20,000 annually (until abruptly coming to a halt in 1992, when boat arrivals totaled a mere 41), exacting a horrific cost in human lives. It has been estimated that at least 100,000 boat people, and perhaps over twice that number, drowned in the South China Sea.

"My mom and dad say that if they could do it all over they would stay in Vietnam. Here you have to work harder to support the family. There whatever day you didn't work you didn't eat, but there were no bills. You just worked when you had to. Here they have to work constantly. They thought it would be better but it ended up being worse."

(Vietnamese youth in Worcester)

Beginning in the 1980s, an Orderly Departure Program (ODP) allowed the controlled immigration of thousands of Vietnamese directly from Vietnam to the United States, most recently focusing on two groups with a unique tie to the war, Amerasians and former reeducation camp internees. By the end of 1992, over 300,000 Vietnamese had immigrated to the United States through the ODP, including 161,400 in the regular family reunification program, 81,500 Amerasians and their accompanying relatives, and 61,000 former political prisoners and their families. But the Amerasian program is scheduled to end in 1994, and refugee processing for former political prisoners may end in 1995. In Laos and Cambodia, meanwhile, refugee flows had virtually ended by the early 1990s, with the focus shifting to the voluntary repatriation of refugees still in camps in Thailand and elsewhere.

Indeed, an entire era was coming to a close, while a new phase of the Indochinese diaspora was opening. The end of the Cold War in 1989, the collapse of the former Soviet Union in 1991, U.N.-supervised elections in Cambodia in 1993 that sought to end its long-running civil war, and the end of the U.S. trade embargo against Vietnam in February 1994 were but the most remarkable events of a compressed period of extraordinarily rapid and fundamental changes in international relations that is transforming the nature of Indochinese refugee resettlement in the United States. In this post-Cold War context, the U.N. High Commissioner for Refugees proclaimed the 1990s the "decade of repatriation." Already most of the ODP family reunification cases in the 1990s have been leaving Vietnam as regular immigrants, not as refugees, a pattern likely to become more pronounced over time.

The flows from Laos and Cambodia to the United States have been, respectively, sharply reduced and virtually terminated. For some first-generation Indochinese adults exiled in America, the

new developments in their homelands may open the possibility of return or of establishing business and other linkages between their native and adoptive countries; but for a sizable and rapidly growing second generation of young Vietnamese, Laotian, and Cambodian Americans now rooted in communities through the United States and speaking accentless English, a new era is dawning in which the legacy of war will likely recede in practical importance.

Theirs is an American future.

"In the camps, you have one egg that you split into many pieces for different people. There's not enough medication, water, or other things because there are a lot of people in the camp. In one camp there were 23,000. One family has a small room, even if they have 10 children."

(Lao resident of Worcester)

"Getting to the refugee camp was scary, hell. You didn't know if you would get past the border or not. If they caught you, they would kill you or put you in jail forever."

(Lao resident of Worcester)

U.S. Immigration Laws Affecting Southeast Asians

1875-1945
Refugees seeking asylum in the U.S. were treated no differently than immigrants. Immigrants from Asia were subject to specific exclusion acts. Later, as those acts were repealed in the 1940's, Asian immigrants were subject to small quotas.

1946
The United Nations establishes an International Refugee Organization to distinguish between refugees and immigrants.

1951
United Nations creates Office of the UN High Commissioner for Refugees (UNHCR). Member nations encouraged to help meet the growing demand for resettlement of refugees. A refugee is defined as a person outside his country of nationality or habitual residence from a well-founded fear of persecution because of race, religion, nationality, social memberships, or political opinions and who is unwilling to return because of this fear.

1952
McCarran-Walter Act institutes concept of parolee for all refugees. A parolee does not have permanent resident status. A parolee's entrance is based upon emergency procedures taken by the Attorney General. S/he may apply for permanent resident, or immigrant, status after living here for two years (later changed to one year).

1965
Immigration Act defines a series of preferences for immigrants after eliminating restrictive Asian quotas. It provides for admission of 17,400 refugees per year. The Attorney General is again allowed to parole additional refugees on an emergency, conditional basis. This act describes refugees as persons fleeing Communist-dominated areas of the Middle East, a narrower definition than that used by the UN.

1975
U.S. Embassies in Vietnam and Cambodia close in April when opposition takes over. Parolee status is granted to high-risk Vietnamese and Cambodians who have already fled. Camps open in the U.S. prepared to handle 50,000 refugees. By May the Indochina Migration and Refugee Assistance Act appropriates $405 million for refugee programs. By the end of the year, the U.S. invokes parole to admit 130,000 refugees, mostly Vietnamese but including some Cambodians and Laotians as well.

1976
Attorney General expands parole program to admit additional refugees. Legislation is extended to include Laotians in larger numbers.

1977
Legislation ensures that refugees admitted under parolee status can change status to permanent resident (immigrant) after two years. Parolee status is granted to boat people.

1978
Attorney General authorizes parole for more boat people from the area of the South China Sea. Monetary appropriations provide special grants in language and vocational training. The number of refugees increases dramatically due to political events in Kampuchea (Cambodia), Vietnam, and Laos. U.S. steps up aid.

1979
In June President Jimmy Carter increases the monthly intake of refugees from 7,000 to 14,000. The U.S. contributes $9 million in

food and medicine to starving people in Kampuchea.The Orderly Departure Program was created to provide a safe, legal alternative to dangerous flight by boat or overland from Vietnam. Utilization was greatly increased due to agreements between the United States and the Socialist Republic of Vietnam.

1980

Refugee Act reduces waiting period for change of status from parolee to immigrant from two years to one year. It allows for 50,000 refugees to the U.S. per year through 1983. The act also redefines refugees to conform to the UN definition, eliminating specific references to Communism, and establishes that Congress must be consulted about refugee admissions before the President allows additional "emergency" flows into the U.S. Full federal reimbursement to states for cash and medical assistance was approved for a period of three years following a refugee's arrival. Family reunification was a major theme during this period.

1981

Secretary of Education rules that school districts are not required to provide classes in foreign languages to students who do not speak English, despite a 1972 Supreme Court decision. Congress reconsiders cash and medical assistance guidelines, to reduce aid guarantees to 18 months. Congressional committees consider reducing the number of refugee admissions. Over 300,000 Southeast Asian refugees remain in camps in first asylum nations. Worldwide refugee numbers exceed 12.5 million.120,000 refugees from Southeast Asia enter the U.S.

1982

Reagan administration establishes 1982 ceiling of 100,000 Southeast Asian refugee admissions. Reduction from the 1981 ceiling of 168,000 probably reflects congressional and administration concern about U.S. economic conditions, decreased refugee flows out of Southeast Asia, the desire to restrict immigration generally, and the impact of refugee resettlement on assistance programs and sponsorship organizations.

Amerasian Immigration Act allowed Amerasians to immigrate. It applied only to children of U.S. citizens from Korea, Thailand, and the Philippines, not to Vietnamese since no diplomatic relations existed.

1987

The Amerasian Homecoming Act allowed American-Vietnamese born between January 1, 1962 and January 1, 1976 and certain family members to apply for immigration before March, 1990.

1988

Immigration Amendments passed a two-track preference system for 1) family unification and 2) independent immigrants. Asians remained the major user of sibling reunification, which was left intact.

1989

The Humanitarian Operation Act was passed allowing former Vietnamese political detainees and their families to resettle in the United States. Post-Traumatic Stress Disorder and chronic health problems are common in this group.

Source: Becoming Americans: Asian Sojourners, Immigrants and Refugees in the Western United States. copyright 1982, Trisha Knoll, pp. 166-169. Reprinted with permission.

Source: Chan, Sucheng. (1991). Asian Americans: An Interpretive History. New York: Simon & Schuster Macmillan, chapter 8.

Source: "The United States Orderly Departure Program," a memo from the Embassy of the United States of America, ODP-A (1/92).

Differences Among Southeast Asian Cultures

"Vietnamese and Laotian people look very different. Cambodians and Laotians are more similar in the shape of the face and body. Vietnamese are thinner, with a longer face. Also, they talk louder, with more variations in pitch, coming down harder on the syllables. Lao is softer, slower, spoken more smoothly. It is straight, with no up and down sounds."

(Lao resident of Worcester)

One should be aware of the important cultural distinctions among the Indochinese immigrants. These differences have affected reasons for migration and the nature of adaptation to American society. The term "Indochinese," referring to a portion of the inhabitants of mainland Southeast Asia, is used here as shorthand. It is in some ways equivalent to the term "Balkan" used to identify the peoples of southeast Europe. Like the Greeks, Albanians, and South Slavs who each have distinct linguistic, cultural, and historical traditions and an accompanying history of conflict, the Vietnamese, Cambodian, and Lao peoples each have separate histories, which include recurrent struggles. In addition, both the Balkan peoples and the Indochinese have endured extended periods of colonialism. In the case of the Indochinese, the very term is linked to the history of the French colonial presence which developed in the middle of the nineteenth century and lasted nearly a hundred years. "Indochina" was a French colonial creation. It never existed as a political entity before or after independence. The term is used here in a geographic sense, but it also represents an area with a shared history amidst cultural diversity.

While all the peoples of Indochina were strongly affected by events in China, Vietnamese culture has been most profoundly shaped by them. This influence is particularly evident in the Confucian heritage in Vietnamese familial and political structures but can also be seen in their art, language, and literature.

On the other hand, Cambodia and Laos in their political and religious structures have been most clearly influenced by contacts with India. The very name Indochina, of course, implies this mix of cultural influences. But while Cambodia and Laos do share a common religious, artistic, and sociopolitical heritage, their histories and ethnic structuring are distinct. Khmer and Lao are mutually unintelligible, Laos is mountainous and lacks the flat plains of Cambodia whose productive

Source: The Far East Comes near: Autobiographical Accounts of Southeast Asian Students in America. Lucy Nguyen-Hong-Nhiem, Lucy and Joel Martin Halpern, eds. (Amherst: University of Massachusetts Press, 1989), copyright (c) by The University of Massachusetts Press, pages 4, 6-7. Reprinted with permission.

irrigated rice agriculture made possible the growth of a massive medieval state symbolized by the remains of Angkor, which even today continues to be the preeminent national symbol.

In both Vietnam and Cambodia, tribal groups constitute a small minority of the total population. In Laos, however, tribal peoples of the uplands have historically been about half the total population. Finally, the cultural and linguistic ties of the Lao are with the Thai. The Mekong River border divides a single people. Their separation is a result of a border established by the expansion of French colonial power in the nineteenth century which created a Lao political entity. The Lao of Laos and the ethnic Lao of northern and northeast Thailand continue to share a common cultural tradition.

Religion is also significant. Buddhism, which entered Indochina overseas from India, exists in all three countries. Although Buddhist practice in present-day Vietnam is linked to that of China, the important initial contacts came from India. Vietnam is a country of many faiths, which distinguishes it from the other countries, where Buddhism is the dominant religion. Perhaps the most lasting, if limited, impact of French colonial influence was the work of the Catholic missionaries in Vietnam, for some 10 percent of Vietnamese remain Catholic today. Many from Vietnam who have come to the United States have become part of the American Catholic community, in some cases with their own priests and parishes.

"America changes how Vietnamese families discipline. Some parents are scared: what if the kids call the cops? That's why most kids are going bad."

(Vietnamese youth in Worcester)

"In our culture, when you are in the family, in the house, you have to respect your mom and dad. If they say 'no,' you cannot do anything. Here, when you punish a kid, he says, 'I will tell my teacher, I will call the police.' It upsets the parents so much. It's confusing. They cannot punish the kid. They are afraid they will lose the kid if they punish him, but the kid is going bad. A lot of parents worry about this."

(Lao resident of Worcester)

"We're not Americanized enough for the Americans and we're too Americanized for the Asians."

(Vietnamese youth in Worcester)

"It's almost impossible to compare cultures without stereotyping. Please take these as cultural tendencies not absolute truths."

	U.S. CULTURE	VIETNAMESE
FAMILY	The individual is the basis of society. Individuals usually live in small family units for economic and logistical reasons.	The large, extended, multi-generational family is the basis of society.
	Names are written in this order: first name, middle name, last name.	Names are written in the following order: family name (as an emphasis on the roots of a person), middle name, given name.
	After marriage, the couple lives in their own home.	After marriage, the wife lives with her husband's family. From that day she is primarily connected to her husband's family.
	Divorce is legal and common.	Divorce is legal but is not common. Family conflict is handled by both sides of the family.
	Children are born in the hospital, and the husband is often present to help with the birth.	In the countryside, a mid-wife is preferred to deliver the child at home. She is often aided by female relatives. (Men, unmarried women, girls, and the husband are not to be present.)
DEATH/ MOURNING	One wears all black to the funeral and for as long as one wants to after the ceremony. After the funeral, family members may visit the grave site on special occasions or regularly and decorate it with flowers.	The 7th day after a funeral, the family celebrates a special mass at a pagoda. This is repeated every 7 days for 7 weeks, then every year up to the 4th great-grandparent (ancestor worship). Fifth great-grandparents have been reborn elsewhere or admitted to the permanent bliss of Heaven. For mourning, one wears all white clothes for up to 14 days. After this period, the men wear a white or black headband.
BODY LANGUAGE	There is no special behavior to show respect to an elder or person of a higher status.	It is respectful to bow one's head in front of a superior or an elderly person and to use both hands when handing something to them.
	To show respect, one should look directly at a person in the eyes while talking.	It is disrespectful to look steadily at people's eyes when talking.
	Shaking hands is the most common form of greeting for both men and women.	Women do not shake hands with each other or with men.
	Children's heads are patted as a form of endearment.	Never touch another person's head. Only the elderly can touch the heads of young children.
	Others may be called using a curled finger, or in many other ways, without offense.	Calling with a finger up is used only toward an animal or an inferior. To call a person use the whole hand with fingers facing down.
RELIGION	The country was founded by Christians—specifically Protestants. Christian holidays are legally recognized although many different religions are practiced.	About 90% of the population practices ancestor worship or a loose form of Buddhism (Mahayana School prevails.) Animism is also popular.
	There are many different beliefs about morality and life after death.	Belief in the theory of Karma, i.e., one's present life is pre-determined by his/her good or bad deeds in a previous life. The cycle of life and rebirth for an individual will only cease when s/he has been able to get rid of earthly desires and achieve the state of spiritual liberation.
	Evolution is the dominant creation story with biblical stories having equal or higher status among some people.	It is believed that man who initially came from the Absolute will ultimately return to it. There is no creation myth.
EXPRESSION OF FEELINGS	Direct communication and open expression is valued, but its practice varies depending on the relationship.	To avoid confrontation or disrespect, disagreement, frustration, or anger are usually expressed indirectly, by indifference, silence, or a reluctant smile.

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CULTURAL COMPARISONS

CAMBODIAN	LAO	HMONG
The large, extended, multi-generational family is the basis of society.	The large, extended, multi-generational family is the basis of society.	The large, extended, multi-generational family is the basis of society.
Names are written in the following order: family name (to emphasize the roots of a person), middle name, given name.	Names are written in the following order: family name, given name.	Names are written in the following order: family name, middle name, given name.
After marriage, the couple can live with either the wife's family or the husband's family.	After marriage, the couple usually lives with the wife's family.	After marriage, the couple lives with the husband's family.
Divorce is legal and is encouraged when necessary, to avoid discord between families.	Divorce is legal and is encouraged when necessary, to avoid discord between families.	Divorce is legal but is not common. Family conflict is handled by both sides of the family.
In the countryside, a mid-wife is preferred to deliver the child at home. She is often aided by female relatives. (Men, unmarried women, girls, and the husband are not to be present.)	In the countryside, a mid-wife is preferred to deliver the child at home. She is often aided by female relatives. (Men, unmarried women, girls, and the husband are not to be present.)	Husbands deliver the baby with the help of a mid-wife. Then he must stay home at least two or three days to care for his wife.
The dead are bathed, dressed in new clothes, and a coin is inserted in the mouth. After cremation, the ashes are placed in an urn, to be kept at a pagoda. The family worships once a year and on special occasions. For mourning, one wears white clothes and men's heads are shaved for up to three months. After that, a black armband or black clothing is worn as long as desired.	We have no information about funeral rites. For mourning, one wears white clothes, shaves the head up to three months, after that, a black armband or black clothing is worn as long as desired or forever.	Funerals are elaborate to help the soul's passage to the afterlife. A sorcerer is consulted for a burial place. The deceased is dressed in a suit of white clothing and cloth slippers. At the funeral, one person speaks in a trance to the soul, to help guide it. An animal sacrifice is made and paper burnt to assure a comfortable afterlife. For mourning, one wears a white headband until the body is buried.
It is respectful to bow one's head in front of a superior or an elderly person and to use both hands when handing something to them.	It is respectful to bow one's head in front of a superior or an elderly person and to use both hands when handing something to them.	It is respectful to bow one's head in front of a superior or an elderly person and to use both hands when handing something to them.
It is disrespectful to look steadily at people's eyes when talking.	It is disrespectful to look steadily at people's eyes when talking.	It is disrespectful to look steadily at people's eyes when talking.
Women do not shake hands with each other or with men.	Women do not shake hands with each other or with men.	Women do not shake hands with each other or with men.
Never touch another person's head. Only the elderly can touch the heads of young children.	There are 32 souls believed to be in the body, the most inferior in the feet- the most superior in the head. It is offensive to touch the head with a part of the body carrying an inferior soul.	Never touch another person's head. Only the elderly can touch the heads of young children.
Calling with a finger up is used only toward an animal or an inferior. To call a person use the whole hand with fingers facing down.	Calling with a finger up is used only toward an inferior. To call a person use the whole hand with fingers facing down.	Calling with a finger up is used only toward an animal or an inferior. To call a person use the whole hand with fingers facing down.
About 99% of the population are followers of Buddha (the Theraveda sect prevails). Animism is also popular.	About 99% of the population are followers of Buddha (the Theraveda sect prevails). Animism is also popular.	From 1956 on, American and French missionaries brought Protestantism. Half of the population is Christian. The other half practices ancestor worship.
Belief in the theory of Karma, i.e., one's present life is pre-determined by good or bad deeds in a previous life. The cycle of life and rebirth for an individual will only cease when s/he has been able to get rid of earthly desires and achieve the state of spiritual liberation.	Belief in the theory of Karma, i.e., one's present life is pre-determined by good or bad deeds in a previous life. The cycle of life and rebirth for an individual will only cease when s/he has been able to get rid of earthly desires and achieve the state of spiritual liberation.	Belief in the theory of Karma, i.e., one's present life is pre-determined by good or bad deeds in a previous life. The cycle of life and rebirth for an individual will only cease when s/he has been able to get rid of earthly desires and achieve the state of spiritual liberation.
The world is seen through Buddhism which visualizes the universe as composed of three worlds: Spiritual, Earthly and Inferno. Reincarnation is part of creation, and humans have no special position in the continuum on which all creatures are linked.	The world is seen through Buddhism which visualizes the universe as composed of three worlds: Spiritual, Earthly and Inferno. Reincarnation is part of creation, and humans have no special position on the continuum on which all creatures are linked.	There is a vague idea of religion. People are inclined to think and act in terms of the modern world. The earth is said to revolve in relation to the sun, moon and stars. The earth was originally liquid and the first man and woman created land.
To avoid confrontation or disrespect, disagreement, frustration, or anger are usually expressed indirectly, by indifference, silence, or a reluctant smile.	To avoid confrontation or disrespect, disagreement, frustration, or anger are usually expressed indirectly, by indifference, silence, or a reluctant smile.	To avoid confrontation or disrespect, disagreement, frustration, or anger are usually expressed indirectly, by indifference, silence, or a reluctant smile.

Introduction To Southeast Asian Health Beliefs And Practices

To better understand health practices and better treat Southeast Asian patients, some background in Southeast Asian ideas of health is helpful. Much as Latin and Greek philosophers and scholars influenced Western medicine and thought, their Chinese and Indian counterparts significantly influenced Southeast Asian medicine and beliefs. The major religions and modes of thought in Southeast Asia, Confucianism and the metaphysical theory of Taoism as well as the Indian philosophy of Buddhism

> *create an Eastern notion of balance and harmony as the cornerstones of health. Disease, it is believed, is caused by an imbalance, either deficiency or excess, of bodily fluids, airs or other elements in the universe. Cure results from restoring the natural balance.*

Besides organized religions and modes of thought, the practice of animism abounds in Southeast Asia. Animism is the belief that spirits exist in natural objects or phenomena such as the spirit of the wind or spirit of the lake. Since germ theory or molecular medicine are foreign concepts to most inhabitants of Southeast Asia, the ill looked to religion or superstition for explanations to their affections. As a result,

> *three theories may explain the cause of disease: (a) naturalistic theory—either 'bad wind' or spoiled food are blamed for illness; (b) super naturalistic theory—disease results from the influence of gods, demons, spirits, malevolent spell; and (c) metaphysical theory—the "hot and cold theory," similar to Yang and Yin, whereby disease is caused by an alteration in the natural balance between hot and cold elements in the universe.*

We studied Southeast Asian health practices and beliefs in general, but we had the most experience and exposure with Cambodian and Hmong beliefs and practices. Although Southeast Asian ethnic groups have some similar beliefs and practices, there

Source: Castelo-Lim, Mary Lynn; Khoa Do; Keelee MacPhee; Yvonne Ting; Gabriel Wilson. "A Health Care Provider's Guide to Commonly Encountered Southeast Asian Health Care Related Problems," UMASS Medical School, Worcester, MA, pp. 7-14. Prepared for a required medical clerkship at UMASS Medical School in Worcester (January, 1993). Reprinted with permission.

are differences, and often differences exist among members of the same ethnic group. Therefore it is probably best not to generalize about Southeast Asian patients when treating them but rather to view patients on an individual basis, using a background knowledge of some practices and beliefs.

Since Southeast Asians attribute some illnesses to bad spirits or evil spells, special healers exist to treat these diseases. In the Cambodian culture, the traditional healers are called Kru Khmer (also spelled Khrou Khmer), and Buddhist monks can also participate in healing. The Hmong culture has shamans.

TIP!

You must have separate contacts among Vietnamese, Laotians, Cambodians and Hmong. You cannot assume that information spreads from one Southeast Asian group to another.

The Kru Khmer deal with problems involving physical problems affected by psychological disorders, cases due to spiritual possession, marital, and family violence problems. In refugee camps, the Kru Khmer treat frank psychological disorders and disorders due to psychological causes such as insomnia, weakness, and headaches.

Buddhist monks also participate in healing spiritual illnesses. We met a monk who would treat patients by spraying them with holy water—water over which special prayers had been said. The holy water was believed to cleanse the person of their spiritual problems. As explained later below, monks also make talismans or amulets.

The Hmong, since they had the least exposure to the modern world, seemed to have the most beliefs in spirits; illnesses would be attributed to visitations by spirits. For example, a child not only has human parents but also has spirit parents. When the child becomes ill, it is believed that the spirit parents are trying to reclaim the child's soul, so the human parents will make an offering of certain foods on a home altar in order to placate the spiritual parents. When older family members become sick, traditional healing practices such as herbal medicines would be tried first, and if unsuccessful, a shaman would be called. The shaman would act as a negotiator between the living world and the spiritual world; he or she would enter a trance and communicate with the spirits in an attempt to secure the return of the sick person's soul. In order to assure the return of the soul, an animal —a pig or a chicken—would be sacrificed to satisfy the spirits.

In our experiences with Cambodian refugees, we found a strong prevalence of beliefs in the theory of hot versus cold. Some conditions and maladies were designated either hot or cold and certain foods were also classified as hot or cold; the classification of foods varies enormously among individuals.

For example, Cambodians believe hot foods and drinks will replace and fortify the blood; therefore they only consume hot beverages and foods after surgery or childbirth.

In general, classification of foods has little to do with temperature but rather is based on Chinese tradition. For example, most fruits and vegetables, along with fish, duck, and other things which grow in water are "cold." And meats, sweets, coffee, and spicy condiments such as garlic, ginger, and onion are "hot".

A problem with hot and cold illnesses occurs because many Cambodians consider diarrhea a "cold" illness and so will withhold water from those affected. Another belief is that water will enter the lungs and cause pneumonia after exposure (rain, shower, or bath) during a cold, fever, or other illness. As a result, many Cambodians will not bathe while ill.

TIP!

☛ Southeast Asians may not know what they are eligible to apply for. The need is probably greater than actual requests. Do outreach and publicize your services within the community.

Southeast Asians often treat cases of fever by keeping the patient warm. Having blankets available for hospitalized patients with fever will help to reduce anxiety and increase their comfort.

In Cambodian culture and possibly in other Southeast Asian cultures, there is extreme reverence for the head; a reason may be that the "human head is regarded as the seat of life and therefore as highly personal, vulnerable, honorable and untouchable except by close intimates." It is considered impolite to touch another's head, especially an elder's head, for fear of releasing the person's life essence or negating a protection spell put on that person. In addition, "procedures that invade the surface or an orifice of the head frighten Southeast Asians." Instead of brusquely grabbing the head for examination, one should handle the head gently on examination and explain the need for examination because many Southeast Asian patients will become angry if the head is examined when they complain of a stomach ache, for example. Some simple explanations of the need for the eyes/nose/throat exam should also help alleviate fears.

"Experience in the Southeast Asian Health Program has demonstrated that when people understand the need for a particular blood test, they are willing. The SEAHP has screened over 1,000 people for Hepatitis B."

Dr. John Wiecha

A common belief among Southeast Asians is that blood is the life force of the person; therefore, they dislike frequent blood draws. There is fear concerning blood draws from children because children are smaller and have less blood or life-force to spare. Anxiety from blood draws is compounded by the lack of knowledge of the regeneration of blood and the usual lack of explanation about the tests performed on the blood. Educating about the regeneration of blood and taking time to explain the need for the blood and the tests could alleviate fears and anxiety and increase patient acceptance and compliance with blood draws.

Culturally, Southeast Asian women are very modest, and as a physician, speaking about sex with either Southeast Asian males or females is considered taboo. In addition, many Southeast Asian women have witnessed or experienced rape during the escape from their homelands. Exams of the genital areas should ideally be performed by doctors of the same sex; the interpreter, if needed,

should also be of the same sex and be ready to leave the room, depending on the patient's wishes. The Southeast Asian woman may also want to have her husband in the examination room. Due to fear and anxiety, Southeast Asian women should not undergo pelvic exams on the first visit. Since Southeast Asians, particularly women, are extremely uncomfortable talking about sex and having their genitals examined, the doctor should make extra efforts to put the Southeast Asian patient at ease, and staff should try to assign a female doctor to female patients if possible.

TIP!

☛ **On appointment cards, abbreviations of numbers instead of full day and month names can confuse Southeast Asians who are not used to the American system of dates.**

Southeast Asian patients practice many forms of dermabrasion to relieve aches, pains, and chills. The rationale is that manipulating or sucking the skin will bring the poisons or 'bad wind' from the body and/or blood to the surface and away from the person. Often, Southeast Asians will perform dermabrasion prior to seeking professional medical care. The following are common forms of dermabrasion.

Coining. Coining is the rubbing of skin with a coin or spoon in order to bring the 'bad wind' or poison to the surface. The back, shoulders, upper arms, and upper chest are areas for rubbing, and coining will usually produce bilaterally symmetrical red welts and occasionally bruising under the skin.

Pinching. Pinching a fold of skin between the thumb and index finger occasionally produces an abrasion. Areas for pinching include "the base of the nose, between the eyes, or like rubbing, on the neck, chest, and back."

Cupping. A cup is either heated and placed upside down on the forehead or affected body part, or a small, lit candle is placed on a small platform on the head or affected part and a cup is placed over the candle and platform. As the cup or heater air (provided by the candle) cools, the air inside the cup contracts creating a vacuum which sucks skin into the cup. Cupping leaves a round, reddish mark on the skin that can last for one to two weeks.

Burning or moxibustion. To replace "heat" loss due to diarrhea, a burning cigarette or piece of cotton is applied to the abdomen possibly producing scarring.

In the practices of dermabrasion, Southeast Asians apply oils or Tiger Balm to the skin prior to coining or pinching, and occasionally they will just hand massage the oils or Tiger Balm into affected areas. Most oils and Tiger Balm contain camphor, menthol, and methyl salicylate; methyl salicylate, once absorbed through the skin is chemically altered to acetyl salicylate (aspirin). Most of the active ingredients in the oil and Tiger Balm can also be found in over-the-counter medications such as Ben Gay and Vicks Vapor Rub.

Dermabrasion health practices leave marks and bruises that should not be confused with child abuse; many parents have been traumatized from being accused of and even being brought to trial for child abuse when all they were trying to do was help their child. The marks from coining will usually be bilaterally symmetrical and on the back, upper arms, and upper chest, whereas, pinching and cupping will usually leave marks on the head. Menthol or an odor resembling Ben-gay can be clues that the patient had tried dermabrasion recently. The practice of dermabrasion rarely threatens the individual, but has psychological, emotional, and cultural benefits such as giving the person a sense of being cared for and security. Since many patients harbor resentment toward physicians who discourage the practices, and in light of the psychological as well as pharmacological benefits, dermabrasion practices should not be discouraged but perhaps encouraged.

TIP!

"Yes," when said by a Southeast Asian may not mean the same as when said by an American. It may mean, "I understand you," or "I want to please you."

A string, sometimes with multiple knots tied in it, is attached around the wrist, neck, or waist, preventing the loss of the person's soul to evil spirits and therefore preventing illness. Please see the warning in the section below on amulets and talismans.

In our experiences in Lowell with the Cambodian population, we learned that many Cambodians wear a string (usually black) with knots or a metal cylinder around their neck, waist, or wrist; these amulets or charms are called Katha. The cylinder contains prayers written in Pali, a Buddhist holy language, bestowing upon the wearer protection from evil or curing the wearer of illness. Similarly, some men in hazardous occupations have prayers tattooed to their bodies—usually around the neck, shoulders, chest, and sometimes on their back and arms. The tattooing and prayer writing are performed by a Buddhist monk or Kru Khmer.

Warning: to avoid unnecessary distress to the patient, the Katha and strings should not be removed unless absolutely necessary, and when necessary, the patient should be given an explanation in such a way that he/she understands and consents. Removal of strings or amulets is particularly distressing for the patient and his/her family because of the belief in the amulet's protective power.

Since there is no surgical tradition in Southeast Asia, Southeast Asian patients view surgery with apprehension. In addition, Southeast Asian patients believe surgery mutilates the body and will release the soul because the soul is believed to be bound to different parts of the body. Similarly, the concept of an autopsy is not only foreign but also frightening because of damage to the body and spirit.

Southeast Asians also use herbs and acupuncture based on Chinese traditions in healing practices. The effectiveness of the

herbs and acupuncture have not been fully delineated, but many healers and herbalists swear by their effectiveness. The herbs are far too numerous to go into detailed discussion, but not only is the actual herb important, but the location and time of harvest are sometimes critical as well. In addition, Chinese medicines not only include herbs but also include animal extracts or ingredients of animal origin. Herbs and Chinese medicines are readily available for purchase from stores in areas of heavy concentrations of Southeast Asian refugees. Again, like the oil used for coining, there may be a pharmacological and psychological explanation for the actions of the herbs and Chinese medicines.

TIP!

☛ Many Asians find it insulting for others to assume they are Chinese if they are not. If you do not know what country a person comes from, ask.

It takes time for everybody to adjust to a new situation and surroundings; Southeast Asian refugees have had to adjust to Western medical practices and beliefs, some more than others. In Southeast Asia, doctors were only located in the city and most served in the military so there was a tremendous access problem. People only went to the doctor in dire emergencies because the nearest doctor might be several days' walk away, and health education and prevention were nonexistent.

Therefore Southeast Asian refugees, upon coming to Massachusetts, use the health system in ways that are familiar; that is, well visits are very uncommon. Southeast Asian refugees highly regard Western medicine, although there is not complete understanding. Sometimes, Southeast Asian expectations of Western medicine are too high; an instant diagnosis with just a physical exam and no lab tests followed by immediate medication is expected. Southeast Asian refugees have witnessed seemingly miraculous results of Western medicine, especially antibiotics, so there is an assumption that Western medicine can cure just about anything—one pill, one cure. However, there is little or no knowledge about side effects, germ theory or the need to take medication over extended periods of time. As a result, there are problems with compliance for medications—medicine is not taken for the right period of time or is shared among members of the family.

Learning some Southeast Asian health practices, educating the patient, and having a great deal of patience will all go a long way toward establishing a trusting, effective therapeutic relationship. Health beliefs and practices of Southeast Asian refugees are so varied and numerous that they could not all be listed in this paper; however, several important ones were listed above to give an introduction and hopefully help avoid a crisis situation. If time is taken to carefully explain to the patient and elicit understanding of why certain tests or procedures must be done, conflicts can be

Shamanism and Herbal Medicine Among the Hmong

In the eyes of the Hmong, a person is truly sick only when he or she cannot get up out of bed to fulfill social duties. The Hmong usually attribute minor illnesses to natural causes, and these are often treated with traditional herbal cures. The use of herbal medicines is the domain of Hmong women.

When they suffer severe physical illnesses, or mental health difficulties such as anxiety or depression, the Hmong call upon shamans for assistance. A Hmong shaman is asked to invoke the spirits to determine what cure is necessary. Shamanism is based on elaborate rituals and incantations. The shamans themselves agree that their powers are mostly psychosomatic; their cures work because the Hmong people believe so strongly in the power of shamanism.

The Hmong are generally receptive to Western health care practices, but health care professionals who treat Hmong must be sensitive to and respectful of the Hmong people's belief in herbal medicines and shamanism. According to Jacques Lemoine, a scholar who works on Hmong projects at Paris' School of Advanced Studies in the Social Sciences, "since Hmong health treatments never hurt anyone, but could possibly help a patient, they should be seriously considered as a part of a client's course of treatment."

Source: Newsletter (1987) of the Refugee Information Series, United States Catholic Conference. Reprinted with permission.

Hmong Language and Literacy

The Hmong people speak a number of mutually intelligible dialects. Before 1975, the Hmong language was nearly unknown to Westerners, and the dialects existed as spoken languages—there was no written form for Hmong. Western scholars helped develop an orthography for Hmong using the Roman alphabet.

Before fleeing to refugee camps, most Hmong were illiterate in their native tongue. Those that have been in refugee camps in Thailand will have been exposed both to written Hmong and to English as a second language.

Practical Barriers To Care of Southeast Asians

While poor doctor-patient communication as a result of language difficulty is one of the greatest barriers for Southeast Asians seeking medical care, there are many other logistical barriers as well.

Transportation is often a problem for Southeast Asian patients. Many do not have cars and do not possess the necessary English proficiency to manage complicated public transportation systems.

Many women fear traveling alone and will not ride in taxis. This is especially prevalent in Cambodian women who fear being raped after years of sexual abuse by the Khmer Rouge. These women will sometimes agree to travel with their children, so provisions must be made for the children during their mother's appointments.

Lack of child care is also a significant barrier. Many Southeast Asian people, especially Cambodians, have large families and may not have anyone to look after their children while they seek treatment. Adequate child care at the medical facility will help alleviate this problem.

If you are caring for the entire family, try to schedule all family members at the same time, so parents will not have to take unnecessary time off from work and worry about coordinating transportation to the doctor multiple times.

Public clinics, especially those located within large hospitals, are often difficult to find. A lack of translated signs may prevent patients who do not understand English from finding care.

Source: Castelo-Lim, Mary Lynn; Khoa Do; Keelee MacPhee; Yvonne Ting; Gabriel Wilson. "A Health Care Provider's Guide to Commonly Encountered Southeast Asian Health Care Related Problems," UMASS, Worcester, pp. 18-19. Prepared for a required medical clerkship at UMASS Medical School in Worcester (January, 1993). Reprinted with permission.

The best solution may be to use universal symbols so that everyone, including illiterate patients, can use them.

Many recent immigrants are very isolated from society and do not know how to locate doctors. Additionally, Southeast Asian people are unaccustomed to having periodic check-ups. Therefore, it is important to have outreach services, targeting places such as temples and Southeast Asian grocery stores, in order to inform the population about where they can access care and to educate recent refugees about the necessity of well visits.

Even if translators are available for the medical interview, it is important to provide training for receptionist staff who deal with bicultural patients, either in signing in patients or in handling telephone calls.

Southeast Asian patients are not accustomed to the American system of scheduled appointments. Many do not know how to make appointments and are not proficient enough to do so over the telephone.

Because they are used to immediate, walk-in medical service, many Southeast Asian patients are dismayed by long waits to see doctors.

It is important to use interpreters when transmitting follow-up information over the telephone. However, some Southeast Asian patients cannot afford a telephone, so other methods of communication (such as writing) must be used.

Make sure to clearly explain how and when to take medications. Do not assume that the patient, even one with reasonable English proficiency, will understand terms such as "20 milligrams twice a day."

Mental Health of Southeast Asians

"My parents were killed by the Khmer Rouge. Cambodian people are all suffering from the killings in Cambodia. Some people come here intending to do good, but still have mental problems, still thinking about the nightmare in Cambodia."
(Cambodian resident of Worcester)

The issue of mental health, from an American perspective, is a complicated one for the Asian American community. The techniques of American psychotherapy, which require the articulation of feelings and discussion of problems with a stranger, are not congruent with Asian styles of interpersonal relations. Psychological interpretations based on European/Anglo-Saxon theories of the psyche are not necessarily transferable in meaning in an Asian American context. Even behavioral therapy, which in theory might be conducted without the use of language, still takes place within a cultural context to which meanings are inevitably given.

The Mental Health Needs Assessment published by the Department of Mental Health in March, 1989 cited the following barriers:

Barriers to Accessing Mental Health Services

- Uncomfortable sharing problem with stranger
- Lack of understanding of mental health concepts
- Feels ashamed going to mental health center
- No bilingual staff
- Does not consider problem mental health related
- Services not culturally familiar
- Unaware that mental health services exist
- Lack of trust in mental health services
- Afraid of stigma
- Western treatment model considered not culturally appropriate
- Counseling/Psychological Therapy considered not culturally appropriate
- Fear problem will be misunderstood and misdiagnosed

Mental health disorders have been identified as a major problem within the refugee community. The GAO cites a 1986-1987 study conducted in California which found that "40 percent of the 2,773 refugees interviewed had a moderate or severe

Source: Sagara, Carlton, and Peter Kiang, (editors). Recognizing Poverty in Boston's Asian American Community. The Boston Foundation, November, 1995, pp. 59-60. (Written in conjunction with the Asian American Resource Workshop.) Reprinted with permission.

need for mental health treatment." The study reported that "most Southeast Asian refugees interviewed were forced to spend years in camps awaiting resettlement, and more than half experienced separations from, or deaths of, family members. Cambodian and Laotian refugees spent an average of nearly three years in the refugee camps, and nearly two-thirds of the Cambodians had lost close relatives." It was not unexpected, therefore that "16 percent of the Cambodians interviewed met the criteria for post-traumatic stress disorder."

The Massachusetts Department of Mental Health's 1989 Refugee Mental Health Needs Assessment noted that in addition to experiencing almost continuous war in their homeland for decades as well as traumas resulting from Communist "re-education" camps and their escape, many Vietnamese also still "have family members remaining in Vietnam. The separation of families and the resulting emotional burden for those in the United States has been identified as a key factor in increased levels of stress and depression in the Vietnamese community." The experience of Cambodian refugees has many parallels with that of the Vietnamese. Similar, if not even more extreme, levels of stress, depression, and post-traumatic stress disorder reflecting the Khmer Rouge holocaust are likely to exist in this community in Boston and elsewhere in the United States today.

"As elders, we are newly arrived in the U.S. We feel very lonely. We need to have activities that help us feel less lonely. Our mental health and spiritual life is bad."
(Vietnamese elder in Worcester)

An earlier study by the DMH of the Vietnamese community in Massachusetts surveyed problems experienced by males and females. In this survey, proportionally the same number of males and females experienced most problems, with the exception of "loneliness/isolation," which 9.6 percent of males compared to 4.2 percent of females experienced. Relevant to this statistic, the report notes that the perils of the escape limited the number of female refugees, resulting in lack of spouses for men here. The relatively smaller number of women in the community "creates many difficulties," with loneliness being one obvious result.

Discrimination and Barriers to Equal Opportunity for Asian Americans

Knowledge of the history of Asian Americans in the United States and of the nature and diversity of today's Asian American population is essential to a full understanding of the civil rights problems confronting Asian Americans in the 1990's. It is equally important to have an appreciation of some basic underlying factors that contribute to discrimination against Asian Americans and create barriers to equal opportunity for Asian Americans.

Some of these factors arise out of the tendency of the general public and the media to stereotype Asian Americans. Most Americans have very little knowledge of the history and cultures of Asian Americans and very little awareness of the diversity among them. This ignorance leads many to lump together Asian Americans in a single group and to perceive them through stereotypes. Other factors that underlie discrimination against Asian Americans include the linguistic, cultural, and religious differences that exist between many Asian Americans, particularly recent immigrants, and the general public. These differences foster misunderstandings between Asian and non-Asian Americans and among different Asian ethnic groups themselves, impede Asian Americans' access to public services, and serve as serious barriers to the equal opportunity of Asians in the United States. Seven contributory factors are discussed below.

"Working is very tough. They have no education, no training, so they cannot find a job. If they do, people can boss them, push them too much because they can't speak English. They force them to work harder and harder and to work overtime."
(Lao resident of Worcester)

"We have classes for the people to learn English but it's too limited. It lasts one year. How can you learn English in only one year? There are only beginning level classes offered part-time, then you have to go full-time. I can't. I am working. We need a part-time school, but they don't have a part time school for ESL."
(Cambodian resident of Worcester)

1) Viewing Asian Americans as a Model Minority

Whereas, in the past, Asians were often stereotyped as sneaky, obsequious, or inscrutable, perhaps foremost among today's stereotypes of Asian Americans is the "model minority" stereotype. According to this stereotype, which is based partly on uncritical reliance on statistics revealing the high average family incomes, educational attainment, and occupational status of Asian Americans, Asian Americans are hard-working, intelligent, and successful. As complimentary as it might sound, this stereotype has damaging consequences. First, it leads people to ignore the very real social and eco-

Source: United States Commission on Civil Rights, Civil Rights Issues Facing Asian Americans in the 1990's, February, 1992, pp.18-21. Reprinted with permission.

"Sometimes I feel discrimination, especially against the youth. In 1989, the Vietnamese children went roller skating, but one child wasn't allowed into the rink. What's wrong with the Vietnamese children? They paid! They don't want to get in for free."
(Southeast Asian social service professional in Worcester)

"When I ask parents 'Why don't you let your children go to college?' they answer, 'We don't have enough for tuition.' 'Why don't you apply for financial aid? We don't know how to apply.' They have four or five children intending to go to college, but they cannot afford this. I explain that they don't care about four or five people. They need to know your income first. They will give you a percentage depending on your income. They say, 'I never knew that.'"
(Cambodian resident of Worcester)

nomic problems faced by many segments of the Asian American population and may result in the needs of poorer, less successful Asian Americans being overlooked. Second, emphasis on the model minority stereotype may also divert public attention from the existence of discrimination even against more successful Asian Americans (e.g., "glass ceiling" in employment and discriminatory admissions policies in institutions of higher learning). Third, the model minority stereotype may result in undue pressure being put on young Asian Americans to succeed in school, particularly in mathematics and science classes, and in their careers. Too much pressure to succeed on young Asian Americans has been linked to mental health problems and even teen suicide. Finally, the origin of this stereotype was an effort to discredit other minorities by arguing that if Asian Americans can succeed, so can blacks and Hispanics, and many Asian Americans resent being used in this fashion.

This model minority stereotype is not a recent phenomenon. More than a decade ago, the misleading nature and damaging consequences of the stereotype had already been clearly pointed out. For instance, in 1978 the President's Commission on Mental Health noted:

> There is widespread belief that Asian and Pacific Americans do not suffer the discrimination and disadvantages associated with other minority groups. The fact is that in spite of recent efforts to promote civil rights and equal opportunities for ethnic minorities in the United States, Asian and Pacific Americans have been largely neglected and ignored....

In 1980, based on the analysis of all available evidence, the U.S. Commission on Civil Rights concluded:

> The belief is widely held that Asian Americans are a successful minority who no longer suffer from disadvantage. This belief, however, is not supported by the facts. Many Asian Americans take issue with the "model minority" perspective....
>
> and
>
> Asian Americans as a group are not the successful minority that the prevailing stereotype suggests.

> Individual cases of success should not imply that the diverse peoples who make up the Asian American communities are uniformly successful....Despite the problems Asian Americans encounter, the success stereotype appears to have led policy makers to ignore those truly in need.

"I understand English, so I take people to the welfare office and I help in the hospital. One day, I took a family in and the clerk said, in a denigrating tone, 'Oh, they're here for welfare.' I told her that was not a polite way to talk to people. She just walked away."

(Southeast Asian social service professional in Worcester)

2) Perceiving Asian Americans as Foreigners

A second contributing factor is the perception that all Asians in this country are foreigners. It is perhaps this perception that led to American acceptance of the internment of Japanese Americans during World War II. The perception that all Asians are foreigners may also explain why Asian Americans whose families have been in the United States for generations or many Asian American youths who were born here are frequently the objects of such queries and comments as: "Where did you learn English?" and "You speak such good English."

More seriously, Asian Americans of all groups tend to suffer adverse consequences when international events cause tensions between the United States and Asian countries. For instance, many Americans take out their frustrations about Japan's economic success on Asian Americans of all national origins. The 1982 killing of Vincent Chin was prompted by his killers' resentment of the Japanese for their automobile exports to the United States. The perception of Asian Americans as foreigners may also impede their acceptance in all areas of their lives and contribute to subtle as well as overt forms of discrimination against them in education, employment, and other arenas.

3) Stereotyping Asian Americans as Unaggressive and Lacking in Communication Skills

Asian Americans, while viewed as intelligent and talented at mathematics and science, are considered unaggressive and lacking in good communication skills. This stereotype may blind employers to the qualifications of individual Asian Americans and hence contribute to the glass ceiling that impedes Asian Americans' success in managerial careers. It may also lead teachers and counselors to discourage Asian American students from even pursuing nontechnical careers.

"We want to be like Americans, to assimilate our life to Americans. We don't want to depend on welfare, but we have no way out. If you don't have connections, if you speak bad English, you get unskilled jobs."
(Cambodian resident of Worcester)

"In the U.S. society, everyone can sue everyone. We are afraid of being sued."
(Vietnamese elder in Worcester)

4) Limited English Proficiency

Many Asian Americans, recent immigrants in particular, have limited English proficiency, and some do not speak or understand English at all. Persons with limited English proficiency face a serious barrier to full participation in American society and our economy. A person's ability to learn about and gain access to public services (such as education, police services, and health care), employment, and the larger American society are often severely hampered by limited English proficiency. Thus, providing Asian Americans with truly equal opportunity requires substantial efforts to bridge the gap in communication (e.g., providing interpretive services) and to facilitate the learning of English. However, partly as a result of the practical difficulty of servicing the diverse language needs of Asian Americans (i.e., several dialects of Chinese, Japanese, Tagalog, Vietnamese, Lao, Khmer, Thai, and others), limited-English-proficient Asian Americans are drastically underserved in the areas of interpretation and English instruction.

5) Cultural Differences

Asian immigrants come from societies that have very different cultures from the mainstream cultures in the United States. Cultural differences often lead to misunderstandings, which in turn can lead to discriminatory treatment or to intergroup tensions, as in the case of Korean American store owners and their customers who are members of minority groups. These tensions can erupt into full scale racial conflict. Bridging cultural gaps requires not only that new immigrants be given a real opportunity to acculturate, but also that all Americans acquire a greater awareness of other cultures.

6) Religious Diversity

Many Asian Americans adhere to religions that are not widely practiced in the United States, such as Buddhism, Hinduism, Islam, and Sikhism, to name a few. These religions are unfamiliar to most Americans educated in the Judeo-Christian tradition, and, despite the long tradition of religious tolerance, these religious differences generate hostility against Asian Americans. Not only do the religious differences between Asian Americans and the general public contribute to anti-Asian bigotry and violence, but they can at times cause other conflicts when the practices and requirements of non-Western religions are incompatible with long-established mainstream traditions.

7) Pre-immigration Trauma

Another factor hampering some Asian Americans' access to equal opportunity arises out of the wartime ordeals they have endured, as well as negative experiences they have had with governmental officials in their home countries. The problems faced by many Asian Americans in acculturating to this country are exacerbated by their preimmigration experiences: many recent Asian immigrants, particularly the Vietnamese, Cambodians, Hmong, and Laotians, are refugees, who come from war-torn countries and have survived ordeals in their own countries and on their journeys to the United States. Many lost loved ones during the war and live in incomplete families in this country. Refugees often carry scars from psychological trauma and many suffer from post-traumatic stress disorder, which make it difficult for them to cope with day-to-day life, let alone face the challenge of adjusting to a new society. In addition, they may bring to this country an ingrained distrust of authority arising out of negative experiences they had with governmental officials in their countries of origin. This distrust may deter many from interactions with governmental agencies in the United States, such as the police, welfare offices, and so on. As a result, a gulf may arise between the police and the Asian American community, adversely affecting police-community relations. Because of their unwillingness to convey their needs forcefully, many Asian Americans may not receive many basic public services.

"A lot of people feel jealous that we're new here and we have services helping us, although they didn't have the services when they first came. I don't know if there's a way to get them to understand that we're trying very hard, but we need these services. It's nothing personal. We feel bad that they never got these services."

(Southeast Asian social service professional in Worcester)

Worcester's Assessment of Its Own Cultural Competence

In the summer of 1995, three hundred fifty-two representatives of nonprofit organizations, including municipal agencies, private nonprofits, and others, were asked to complete a six-page questionnaire prepared by the Southeast Asian Health Coalition. The questionnaire sought to determine how the increasing Southeast Asian population is affecting the nonprofit sector, and how the nonprofit sector assesses its own cultural competence in working with Southeast Asians.

We received 102 rich, thoughtful responses for a response rate of 30%. However, the following results are calculated on the basis of the 91 questionnaires that arrived in time for processing (making the response rate 26%).

Despite the growing numbers of Asians in Worcester, Asians still represent a relatively small number of the client populations at most of the responding agencies. Of those who answered the question, 20 respondents (32%) estimated that they serve no Asians at all. Thirty respondents (48%) estimated that less than 5% of their client population is Asian. Twelve respondents (20%) estimated that over 6% of their client population was Asian. The numbers for Southeast Asians would be expected to be even smaller.

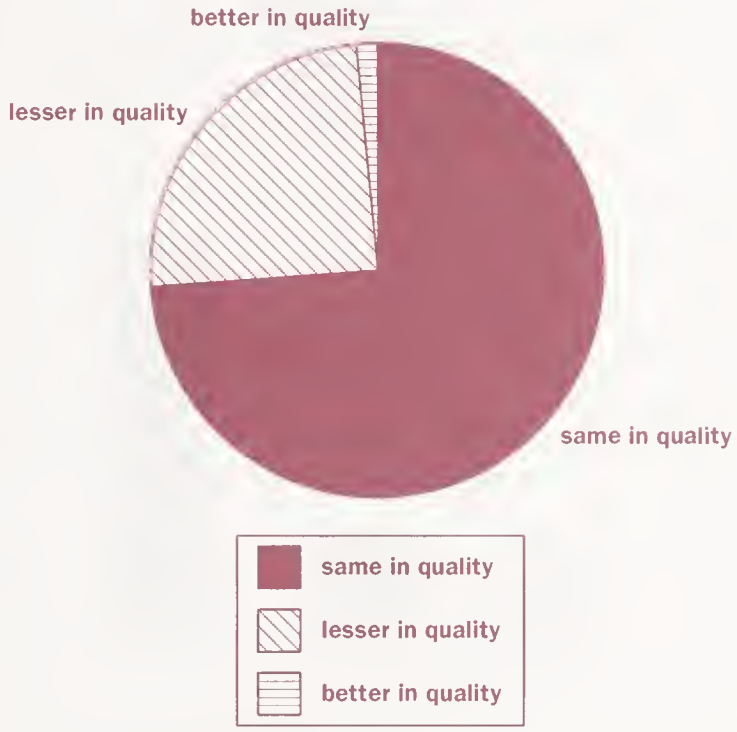
Not surprisingly, Vietnamese form the largest single group of Southeast Asians served by local agencies, followed by Cambodian, Laotian and Thai. Only one organization knowingly serves Hmong. It should be noted that many organizations do not keep racial/ethnic statistics on clients at all, or their data is not broken down by national group. Lack of tracking by racial/national group means that it is difficult to gauge with any accuracy levels of service utilization by Southeast Asians, nor can organizations determine whether they are increasing their service to Southeast Asians over time.

Among the responding agencies, referral was cited as the most frequent way of getting Southeast Asian clients. Referral was followed by word of mouth, outreach, advertising and walk-in. Since larger organizations answered this question with

more frequency, the responses heavily reflect the practices of larger organizations.

Organizations were asked whether they consider their services to Southeast Asians to be lesser, equal to, or better in quality than services provided to others. Of the 65 respondents who answered the question, 48 (74%) considered their services the same in quality. Of those who gave explanations, the majority said they provide the same services to everyone or that they don't discriminate on the basis of ethnicity. These answers show a common lack of understanding that quality service does not necessarily mean providing the same service to everyone. Quality of service is affected by language and cultural differences, first by potentially limiting access, and secondly, by making services potentially less relevant or useful. In fact, those who considered their services lesser in quality, 16 respondents (17%), showed greater understanding of the barriers serving different populations by citing lack of interpretation and translation capabilities as explanations for their lesser service. Only one respondent considered their services to be of better quality.

Respondents' Perceptions of the Quality of their Organization's Services to Asians in Comparison to their Services to Others



Respondents considered their strengths in serving Southeast Asians to include (in order of frequency of mention): 1) offering services of value; 2) having experience and training leading to cultural sensitivity among staff; and 3) having the same concern for all people (lack of bias against Southeast Asians). Also mentioned, but much less frequently, were willingness to learn, providing documents translated into Southeast Asian languages, and being aware of the needs of Southeast Asians.

Respondents considered their weaknesses in serving Southeast Asians to include (in order of frequency of mention): 1) inability to provide services in Southeast Asian languages (nearly 40 mentions); 2) cultural barriers between staff and Southeast Asians; and 3) not having any Southeast Asians on staff. Also mentioned, but much less frequently, were lack of experience, staff shortages, and lack of relationships with Southeast Asians to get feedback about what's needed.

Respondents were asked if their organizations translate any documents into Southeast Asian languages. Only 12 respondents (13%) do translate some documents. Of those organizations who do translate some documents, nearly all are large organizations serving over 250 clients per year.

Organizations were asked if they would apply for funding if it were offered. Of those who answered the question, 62% said they would apply, and it would enable them to do the following (listed in order of frequency of mention):

- Expand existing services to the Southeast Asian community
- Create programs targeted at Southeast Asian community
- Provide interpretation and translation services
- Do outreach to Southeast Asians
- Hire Southeast Asian staff
- Provide staff training in Southeast Asian cultural issues

Respondents Who Said their Organizations Do Translate Some Documents into Some Southeast Asian Languages

Of those who answered "no," they would not seek funding, if available, almost all cited organizational restrictions on funding accepted. A few said they saw no need to seek funding since they served no or very few Southeast Asians.

Only 15% of respondents said they employ any Southeast Asian staff at all. Not surprisingly, then, not many organizations are able to provide services in Southeast Asian languages:

- Of those who responded to the question, only 5 indicated any ability to provide services in Vietnamese—2 with full-time staff and 3 on an on-call basis.

- Only 3 indicated any ability to provide services in Khmer—one on a part-time basis and two on an on-call basis.

- Only 4 indicated any ability to provide services in Laotian—two on a full-time basis and two on an on-call basis.

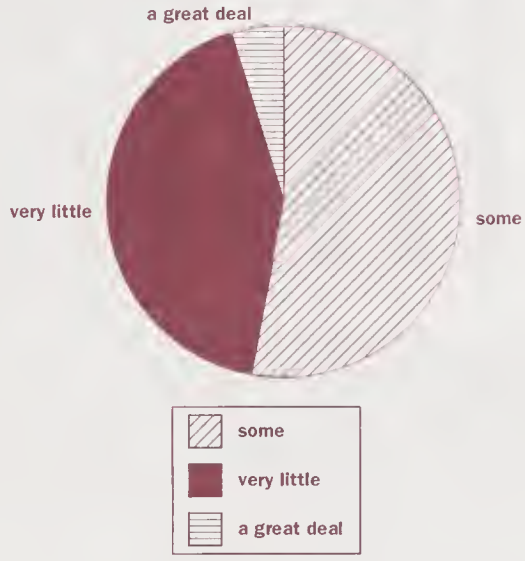
- Only 4 indicated any ability to provide services in Thai—two on a full-time basis and two on an on-call basis.

- Only 3 indicated any ability to provide services in Hmong—all on an on-call basis.

Very few respondents have any Asians on their governing body. No non-Asian organization had more than one Asian on its governing body.

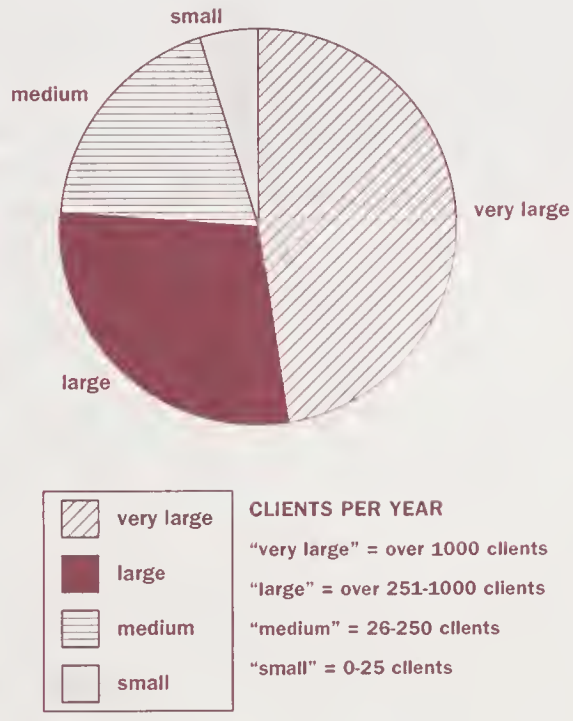
Respondents were asked how much they felt they knew about Southeast Asians. Of those who answered the question, most said they knew "some," but a large percentage (42%) admitted to knowing "very little." Most respondents said they most wanted more information about Southeast Asian cultural practices, data about Southeast Asians in Worcester, and specific insight into Southeast Asian health (or other) beliefs.

Respondents' Perceptions of How Much They Know About Southeast Asians

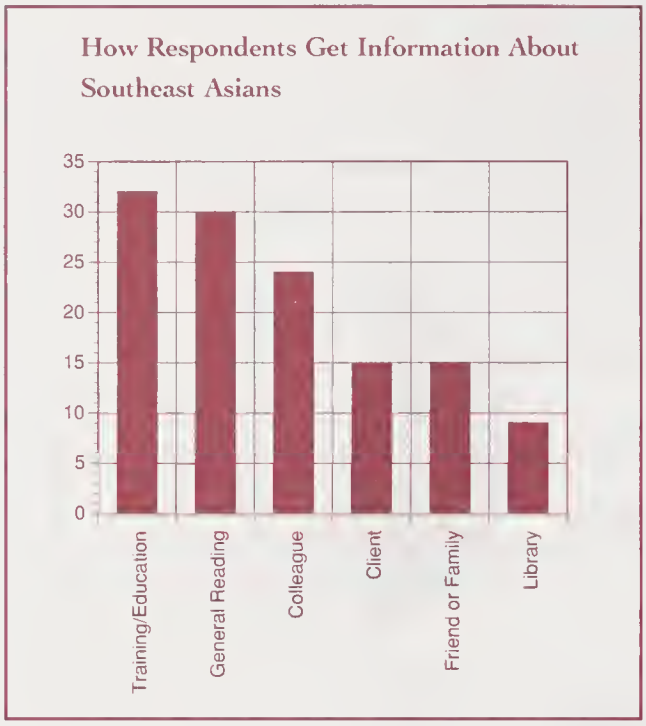


Only 26% of respondents who answered the question said they have engaged in formal or informal staff development focusing on Southeast Asians. A breakdown of the organizations providing training shows that larger organizations provide training more often than smaller ones. Those who explained why they had not attended any training cited the lack of training opportunities and the lack of need for training given the small size of their Southeast Asian clientele.

Organizations Providing Training in Southeast Asian Culture by Size of Organization



Respondents were asked how, in the past, they got the information they needed about Southeast Asians (See chart on following page). It is surprising that training/education was most frequently mentioned since so few organizations have actually engaged in formal or informal training about Southeast Asians. It is also surprising that "colleague" is mentioned so frequently when such a small percentage of the responding organizations have any Southeast Asian staff. It is sad, but telling, that "friend or family" was mentioned only 15 times, which confirms other data suggesting that personal relationships between the long-term Worcester population and the new Southeast Asian population are weak or nonexistent.



Less than half the respondents tried to identify the needs of Southeast Asians in Worcester. Those who did identified them as (in order of frequency of mention):

- Language Skills/ESL Classes/ Interpretation Services
- Skills in U.S. Culture and Systems/Integration into Worcester
- Jobs and Employment Training
- Bilingual Service Providers

Even fewer identified the strengths of Southeast Asians. Those who did identified them as (in order of frequency of mention):

- Strong Family/Family Values
- Hardworking
- Value for Education
- Pride in Culture

Respondents were asked how the Southeast Asian Health Coalition could help them most. Answers (in order of frequency) were:

- Translation and interpretation services
- Training about cultural differences
- Consultation, for example, on specific health issues
- Assistance in outreach to Southeast Asians
- Help recruiting Southeast Asian staff, interpreters, volunteers, etc.
- Support with assessment and planning

Vietnamese Youth in Worcester Speak

One focus group with Asian youth peer educators was convened at the offices of the Southeast Asian Health Coalition on the afternoon of February 13, 1995. This focus group was conducted in collaboration with the Greater Worcester Community Foundation's diversity initiative.

Demographics

The focus group comprised five boys and one girl ranging in age from fourteen to seventeen, attending local public high schools. Three had lived in Worcester since the first year of their lives; the rest had moved to Worcester between five and nine years ago after their families had lived elsewhere in the U.S. for several years. All were Vietnamese (one was half Cambodian). They came to the U.S. from either Vietnam or Thailand. Their reasons for coming to Worcester varied widely: some families moved here to offer their children access to the many colleges in the area, some came to be near friends, relatives or the Boston Asian community, and one moved because this was where his family was relocated.

Participants' English capabilities varied. One spoke only English; one believed his skill in English to be "medium;" the rest reported their English to be "good." Most reported their parents' English to be basic or poor, with several families having one parent—either the mother or father—whose English was good and one whose English was poor. All reported their family's source of income to be their parents' (usually the father's) jobs. Two lived in houses, and four in apartments. In dwellings with three to five bedrooms, they reported that they lived with three to eight other people, not including siblings away at college who occasionally visited home.

"In Worcester, you have no place to go. It's boring. I do what some other teenagers do—go to the mall, play pool downtown."
(Vietnamese youth)

Findings

Predictably, when asked what they liked about school, participants were shy to respond, and their answers centered on recreation. The group was quicker with answers to what they disliked about school, again responding with predictable and generic nose-wrinkling at the work—both the effort and the boredom of it.

None of the participants were in the bilingual program, although their English capabilities varied. For some participants, English slowed down their studies; for others, English posed no problems. Participants said they do not face a stigma because of their English skills. Some non-Asian students treat them offensively, while others do not.

Asked how students in the bilingual program were treated, the group responded that its students were stigmatized by non-Asian students and even some Asian students. Pressed for explanations for such behavior, the group dismissed it as being due to anger and personality.

Participants described the neighborhoods where they live as depressed and difficult areas. The group reported almost no problems in neighborhood race relations. Most agreed that they feel safe where they live.

Đây là chữ viết của Việt Nam

This is how Vietnamese looks in written form.

When asked who their friends were, several said, "my family." Others talked about people they liked. They simply shook their heads when asked if there was peer pressure to conform to some group norm, responding that they hung out with people who dressed and behaved as they themselves naturally did. However, they did note some pressure to get only moderate grades to be "cool." They said their friends were of various races. When asked whether their parents prefer that they have Asian friends, most said no. What mattered to the parents, they reported, was how their children's behavior impacts the family reputation. Participants agreed that they are caught between two ideas of how they should behave, often feeling that they are not "American" enough for Americans and too Americanized for other immigrants.

Asked about their living arrangements, participants reported a variety of extended families. They noted significant differences between Vietnamese and American family expectations in discipline. Most believed that Vietnamese families were adopting an American style of discipline, which they think is too lenient. Participants' family conflicts do reflect some cultural differences between the parents' traditional expectations and the children's Americanized ideas. Language also posed challenges in family communication, typically when one generation lacked words in the other's language.

The group agreed that as a result, parents cannot help their children with schoolwork. Instead, all agreed that parents need help from their children in navigating the English-speaking world. The youths said they do not mind playing this role.

The discussion shifted to Worcester as a place to live. Participants felt Worcester was their community. They could not think of any place they had been where they felt they did not belong. In general, participants felt that Worcester is a good place for Asians to be because members of the Asian community help each other. However, when asked to describe Worcester's differences from other places they had lived in the U.S., participants talked longingly about places they felt were better than Worcester.

Asked about their plans for the future, all agreed they would continue their education. While participants agreed that their parents expect them to go to college, they felt that this was not a burden but something they also wanted. Few participants named mentors from whom they get guidance in making life decisions, and most did not feel a need for mentors or role models.

Questioned about sex, the group did not agree on how active their peers were. While they seemed to believe their peers are sexually active, they did not know how much to trust the boasting. Most agreed that their peers had been taught the risks associated with sex—of pregnancy and sexually transmitted diseases—but that their behavior was not affected, and that they do not take precautions such as using condoms. They also disagreed on whether there is peer pressure to have sex, but agreed that Asian and American cultures have very different attitudes toward sex. Several felt Asian youth are less sexually active, but that those who have been here longer and are more Americanized treat sex more casually.

In terms of requests for assistance, the group wished for an Asian youth center and asked for basic help for the Asian community.

Vietnamese Adults in Worcester Speak

"Vietnamese people are very religious, and this is a good thing for the Vietnamese people."
(Vietnamese resident in Worcester)

Two focus groups—one with elder men and one with elder women—were conducted in Vietnamese. Both groups, held at the Southeast Asian Health Program on February 11, 1995, were facilitated by Hiep Chu, a Vietnamese researcher. These focus groups were conducted in collaboration with the Greater Worcester Community Foundation's diversity initiative.

Demographics

The men's group was comprised of 19 people, all of whom were deemed "low income." They ranged in age from 37 to 76; the majority were in their 60s and 70s. They came to Worcester from three months to over three years ago, with most in the city around two years. One man came 11 years ago. One was a full-time volunteer; one worked in a factory; one worked at an unspecified part-time job, and the remainder were unemployed and living on SSI, AFDC, senior assistance, refugee assistance, or EAEDC. Family incomes (average family size: 4 people) of those who reported ranged from $486 to $1,048 per month; with one income of $22,000/year. Most were educated before coming to the U.S. Three finished college, eight completed high school, one completed a GED, one finished tenth grade, two finished ninth grade, one finished eighth grade and one finished sixth grade. Several cited their reasons for coming to Worcester as the Humanity Operation (a 1989 Act that allowed specified Vietnamese to immigrate) or sponsorship by someone in Worcester. Two came for jobs; two liked Worcester; one came because Worcester is safe; and two cited "family." Almost all spoke no or poor English; two understood "enough." One man's English was "good." Eleven participants were Buddhist; four practiced Ancestor Worship; three Catholicism; and one Christianity.

The women's group was comprised of eight people, all of whom were deemed "low income." They ranged in age from 40 to 57, with an average age of 49. Two had been in Worcester for ten years; one for seven years; four from between two and four years; and one for eight months. Most came as refugees. Two were employed. Reported family incomes (average family size of

4 people) ranged from $10,700-$15,000/year. Women receiving AFDC (3), SSI (1) or refugee assistance (1) did not report incomes. Most were educated before coming to the U.S. One started college, two finished high school, two finished tenth grade, one ninth grade and one fifth grade. About half spoke no English, the rest spoke "some." Six were Buddhist, one Catholic, and one did not report any religion.

Both focus groups were conducted in Vietnamese by Hiep Chu, coordinator of the Institute for Asian American Studies at UMass Boston. Mr. Chu summarized the findings into English from audio tapes.

Findings

Participants in both groups were asked to describe their lifestyles. They spoke about the challenges of not having enough money and the difficulties of daily life when one does not know English or the local culture. They mentioned specific challenges with transportation and in communicating with neighbors.

"If I wanted a job that would fit my skills back in Vietnam, I would teach. Here I work on an assembly line."
(Vietnamese resident in Worcester)

Participants spoke about their experiences trying to integrate into Worcester life and U.S. culture. They felt strongly that integration is important, but did not wish to lose the positive aspects of Vietnamese culture. In fact, cultural conflicts between the generations and the difficulty of maintaining their Vietnamese family values in their new environment was one of their major concerns.

Participants were asked to talk in greater depth about the language issues they faced. They mentioned dependence on friends and family members, inconsistency in the quality of interpretation, and difficulty learning English due to their age and limited opportunities to practice.

We asked participants for their views about Worcester as a community. They considered it a generally good, quiet place to raise children, but not one that offers many professional opportunities once their children graduate.

We asked participants about their work experience in the U.S. Because of their ages, very few are working. Those who were working wished they had higher salaries, more job security, and health benefits. Overall, both groups felt their physical health was substantially better than it was in Vietnam, but their mental health is worse.

Participants cited several positive cultural values and practices of the Vietnamese community, but also emphasized many unmet needs, including transportation, a meeting center, interpretation services, job training, health insurance, and ways to communicate.

Cambodians in Worcester Speak

Demographics

A focus group was hosted on August 2nd at the Elm Park Community School by Dick Fassett. This group included eight Cambodians, seven men and one woman, who represented different families. Cambodians' concerns and needs were expressed very definitely and with general agreement.

"We do want a real person, a full-time Cambodian representative, like a social worker, to work for the community through the city or another organization. Our first priority is to have one leader that represents us, that talks for us. We have to have a way to know what you need from us right now."

(Cambodian resident of Worcester)

Concerns

- Lack of services. The group felt that they were being ignored and taken advantage of by other Southeast Asian groups, and others who received funding in their name but delivered no services useful to Cambodians, although the Cambodians had the greatest need and had suffered the most.

Needs

- A paid, full-time community liaison position. The group strongly and repeatedly expressed a desire for a Cambodian social worker or other position in which someone would behave as a spokesperson for and leader in Cambodian concerns. This was several times spoken of as their "number one priority." They would like this to be someone who is involved with, committed to, and familiar with the Cambodian community.

"We need a Cambodian worker to involve parents in their children's education. For example, if the school calls and the grandparents are home, the grandparents can't speak English so they don't know what the school is saying. A bilingual liaison could help."

(Southeast Asian social service professional in Worcester)

- A paid, bilingual Cambodian school liaison. The group strongly desires someone who can assist Cambodian parents who do not speak English in overseeing their children's education—translating documents, explaining financial aid options, expressing parental concerns to school administrators, and the like.

- Support for the Cambodian cultural school. These parents established an evening 'school' that meet three nights a week over the summer to teach their children literacy in Khmer, as well as teaching

Cambodian history and social customs. The parents work as volunteers in leading, coordinating, and teaching in this school. They are seeking on-going support for this program.

- Part-time ESL classes in the evening. The group is strongly concerned about the lack of jobs, or about the low-paying and exploitative jobs, available for non-English speakers. Because only full-time ESL classes are available, people who must work to feed their families are unable to attend. A bilingual teacher in English and Khmer would be ideal, helping students overcome their embarrassment.

- Full time translation services, for police, hospitals, health care organizations, and the like.

អក្សរខ្មែរគឺមានលំនាំយ៉ាងដូច្នេះ
This is how Khmer looks in written form.

The Cambodian Buddhist Association of Worcester says:

- Most Cambodian parents don't write and read English well.
- Communication problems exist between parents and children regarding report cards, continuing in higher education, etc.
- There is conflict between new and old Cambodian generations.
- Physiological, mental, and homesick problems are common.
- The elderly have problems relating to nursing care, communication, transportation, and religion.
- There is a lack of understanding about prescriptions, poor communication with health care providers, difficulty finding language interpreters, and lack of ability in following up with regular medical care.
- There is poor basic sanitation due to the large size of families in small apartments.

Having a Buddhist temple in the community is the key point to solve and help all current Cambodian problems and will bring a bright future for Cambodian-American society.

Temple would be a place to:
- network among all levels of Cambodians.
- solve basic problems.
- discipline young people to believe in religion more than in MTV, alcohol, drugs, etc.
- help the elderly to learn English efficiently.
- open tutoring classes for slower Cambodian students.
- open a weekend school for the Cambodian language.
- preserve Cambodian culture: art, music, language, and religion.

Diversity Among the Lao

The Laotian population is very diverse. Unfortunately, we were not able to speak with many Laotions, and our focus group did not include any Hmong. Here is some information about the different peoples of Laos.

The Lao population is comprised of a variety of ethnic groups whose diversity makes Laos a multicultural and multilingual country. In a sense Laos has been a watershed for many different ethnic groups which over the centuries have migrated from China, Burma, Tibet and Vietnam.

Ethnologists and linguists tend to classify the population of Laos into three general groups (see figure 5), based principally upon dwelling and language origins as the following:

1. Lao Loum (Lowland Lao)

The Lao Loum or valley Lao are the largest ethnic group in the country. They are settled along the Mekong River and its principal tributaries. The Lao Loum consist of different ethnic groups and often have Tai as a prefix: Tai Leu, Tai Dam, Tai Lao (Tai Khao), Tai Deng, Tai Neua, Tai Phong, and Phou Tai. Such names are general designations given by the ethnic Lao who distinguish these peoples from themselves according to the color of their traditional dress, dialects, or other distinct cultural attributes.

The Tai Lao are the single largest subgroup (77%) of the lowland Lao, estimated at one-half of the population of Laos. The Lao are more numerous outside the present borders of Laos than within it. In 1970, there were eight times as many Lao living on the Thailand side of the Mekong River as lived in all of Laos. Being the largest ethnic group and having the most highly organized social and political systems and the highest level of education of any of the Lao people, the Tai Lao (Tai

Source: Viranam, Khammone. "Lao-American." Submitted in partial fulfillment of the requirements of the Humanities Sufficiency Program, Worcester Polytechnic Institute, 1990.

Khao) control the government and dominate that portion of trade and commerce not in foreign hands. The Tai Lao's religion, which is Theravada Buddhism, and culture are the most influential and prevalent in the country.

2. Lao Theung (Mountainside Lao)

The Lao Theung, who constitute 25 percent of the Lao population, embrace a number of different tribal peoples who were formerly referred to as the "Kha." They include some 60 different and distinct tribes. The Lao Theung dwelt in Laos before Thai tribes. All Lao Theung people speak languages of the Mon-Khmer language family, live on the slopes of mountains, and practice slash-and-burn agriculture. The Khamu are the largest ethnic group classified as Lao Theung, but the category also includes Tinh, Lamet, Loven, and others.

The majority of the Lao Theung practice animism, although Buddhism has influenced those who have had more extensive contact with the Lowland Lao.

"More people would come if there were a temple. It's the most important thing to build a community of Laotians. We have to go to temple in Connecticut or Rhode Island or Lowell or Lynn. There is nothing here."

(Lao resident of Worcester)

3. Lao Sung (Mountaintop Lao)

The Lao Sung, or the mountaintop Lao, include the Hmong (Meo) and Yao (Man) tribes, and comprise 13 percent of Lao population. They are recent migrants from Southern China (in the 1850's) and exhibit strong evidence of influence from general Chinese culture. The Lao Sung speak Sino-Tibetan language. Many of the older generation particularly among the Yao can still read and write Chinese.

The Lao Sung live at high altitudes—over 3,500 feet—where they practice slash-and-burn cultivation of rice, corn, and opium. The Hmong, the major Lao Sung group, have a more highly developed social organization, extending beyond the village, than do any other mountaintop and mountainside people except the tribal Tai.

The Hmong and Yao are practitioners of shifting cultivation. Their religion is a mixture of animistic belief in spirits, the cult of the ancestors, and belief in survival of souls.

ດ້ວ
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This is how Laotian looks in written form.

Laotians in Worcester Speak

Demographics

"We're mostly working two or three jobs. We rush to work, get off the first job that's from 7 to 3 and go back to the 4 to 10 job. Sometimes the whole family can't even see each other because of the overlapping shifts."

(Lao resident of Worcester)

Only three people were able to attend a focus group for Laotians held on August 1, 1995 at the Family Health and Social Service Center in Worcester. There were two men (a father and son) and one woman. Each of the attendees had been very active in trying to create a sense of cohesion among the small Laotian community.

Community characteristics

- The Laotian community includes a total of roughly 70 households and 200 to 300 people.
- Of these, perhaps 10 to 20 are elderly (over 60 years old).
- Families include usually five or six children.
- Most arrived within a few years of 1981. Fewer are coming now.
- As refugees, Worcester Laotians are primarily concerned with working enough to secure the feeding and housing of their families (both nuclear and extended), and do not have time or energy to establish community bonds.
- Many arrive with the debt of their plane fare to the United States, and with financial responsibilities to relatives who are still crowded in refugee camps and who need to be fed and brought over.
- The escape from Laos into Thai refugee camps was at great personal risk.
- Laotians come to Worcester mainly for two reasons: because a job is available, or because friends or family are already here.

Concerns

- Parents are concerned about losing control of their children, because they are constantly working, because of the new language/cultural gap between them and their children, and because when disciplined, the children threaten to report them to the police, so that the parents fear losing custody. This concern was repeatedly voiced.
- People are working hard at two or three low-paying

jobs, and are unable to spend time with their families or bettering the community as a whole.
- Youth are susceptible to gangs, drugs, and other such pitfalls of poverty and isolation.
- Learning English is difficult for the adults.
- Many lack knowledge of available services, learning about such things as insurance and lawyers through friends who have already used such services.

Cultural Responses to Worcester, the United States, and Americans

- Americans are friendly and welcoming.
- Laotians are willing to assimilate to some degree, slowly adopting such customs as calling peers and elders by first names, shaking hands across the sexes, and even hugging their spouses in public.
- However, they are concerned about their children's more ready adoption of American freedoms, and about the possibility that their children will lose a connection to their Laotian culture.
- This group is quite affable and unperturbed by mispronunciation of their names and the fact that they are often assumed to have other national origins, such as Chinese or Latino.
- They would like people to take time to get to know them and their culture.

Needs

- A unified Laotian community organization. They would also like assistance in establishing this.
- Establishment of a Worcester Laotian temple. This could function as a unifying community force, bringing people together for religious, social, and other functions. The nearest temple is currently in Connecticut. Assistance in this would be appreciated.
- Laotian youth activities. The young man in this focus group works daily, after his job, to organize Laotian youth activities such as tennis tournaments and cookouts. They would appreciate funding and assistance for this. American activities—such as summer camp or Boys and Girls Club—are often too expensive. And these three believe Laotians would accept services more readily from other Laotians, especially as parents are concerned with loss of control as their children assimilate quickly into American norms of freedom.

Since both the non-profit survey and community focus groups identified language as one of the most significant barriers to effective interactions, we are providing some information on interpretation.

Alternatives for Providing Language Interpretation

The Association of Asian Pacific Community Health Organizations outlined several alternative ways to provide interpretation, including the advantages and disadvantages of each.

Multilingual staff member

This type of staff role is optimal in two ways. First, if a diversity of languages are spoken in the client community, employing multilingual staff members to meet this diversity reduces the need for the health care facility to invest in additional language assistance resources. (This is not to say that multilingual persons are automatically proficient in culturally competent communication. However, it is expected that it would cost significantly less to train a multilingual health care professional to provide culturally appropriate services than it would be, for example, to hire a third-party interpreter.) Second, multilingual staff members enable direct communication between provider and client and make the process of service delivery more reliable and efficient. In practice, the market for multilingual health care professionals is tight. There are relatively few such providers but there is tremendous demand for them.

Staff interpreter

For health care facilities with high demand for language assistance resources, the next best option available is to employ professional staff interpreters. These interpreters are full-time employees of the facilities whose sole responsibility is performing this function. Although they are not qualified health care providers, interpreters usually have a working knowledge of health care terminology and issues to effectively facilitate communication between provider and client.

Staff member who interprets but who has other primary responsibilities as well

This arrangement is suitable for a health care facility with less stringent language resource demands, or which needs interpreter services in a language used by a relatively small portion

Source: Association of Asian Pacific Community Health Organizations. Culturally Competent Health Service Delivery Under Managed Care for Asians and Pacific Islanders. Oakland, CA. (September, 1994), pages 15-16. Reprinted with permission.

of its clientele. Contrasted to full-time staff interpreters, these interpreters can sometimes run into conflicts trying to juggle the responsibilities demanded by their primary job functions.

"There was one time when a member of my neighbor's family passed away and I wanted to buy a sympathy card to send to them, but because of my limited English, I couldn't even ask them who had died. I wanted to say sorry to the family members but I couldn't say what I had in mind."

(Vietnamese elder in Worcester)

Staff member who occasionally interprets

This type of staff role continues along the same lines as the last one. It is appropriate for a health care facility with infrequent demand for interpretation services in any or all languages. However, the conflict between the occasional interpretation duties and his/her primary job functions is even more pronounced than in the previous case. Furthermore, although this is not inherent in our conception of this staff role type, in practice, staff members who expect to be called upon to interpret only occasionally may not have the requisite familiarity with health care terminology and issues, and/or techniques of mediating dialogue between provider and client that is necessary for culturally competent service delivery.

Outside interpreters

If a health care facility has only very rare need for interpreters, either in general or for a particular language, the use of outside interpreters is a potential course of action. One difficulty with this strategy is that outside interpreters are not always readily available; systematic sources of "interpreters-for-hire" are not in abundance. Where this strategy is feasible, however, the advantage is that the interpreters are usually well-trained in medical terminology and concepts and, of course, interpretation skills. The drawback is that, given the temporary nature of their service to the provider, outside interpreters usually do not have the opportunity to build relationships with providers and clients.

"I went to see the doctor with one interpreter. The next time I went with a different interpreter and the two visits told two different stories. We need qualified interpreters."
(Vietnamese elder in Worcester)

"Sometimes the school sends a letter, but the parents understand nothing. Sometimes the paper is a warning. The children give it to the parents, who sign it, but they don't understand anything."
(Cambodian resident of Worcester)

Partial List of Interpreter Services Available in Worcester

In Worcester...

Language Link, Multi-Lingual Interpreter Services is a non-profit, Worcester-based interpreter bank. Language Link provides interpreters to any organization or agency at all hours and can arrange for some written translation. During business hours, call (508) 756-6676. After hours, weekends, or holidays, call (508) 757-1242.

University of Massachusetts Medical Center offers interpreter services to its patients. Call (508) 865-5793.

Fallon Health Care System, including St. Vincent's Hospital, offers interpreter services to its patients. Call (508) 798-6010.

Medical Center of Central Massachusetts offers interpreter services to its patients. Call (508) 792-8597.

In Massachusetts...

Community Interpreter Services, a division of Catholic Charities in Boston trains on-call interpreters representing over 50 languages that service the entire state of Massachusetts. They can provide written translation too. Rates for interpretation are $45-50/hour. They prefer 4-10 days advance notice. For more information, call (617) 629-5767.

Department of Public Health, Office of Refugee and Immigrant Health has a list of interpreters and translators. You contact the interpreter directly. For a free list, call (617) 727-3372.

The Office of the Court Interpreter offers interpreter services for court-related business. Call (617) 742-8383 x343.

On the telephone...

AT&T's Language Line provides three options for immediate 24-hour telephone interpretation, depending on your anticipated level of usage. Call 1-800-752-0093 for information.

Notes on How to Work With an Interpreter

- If a patient cannot understand you, there is no way to get informed consent. Therefore, if a patient does not speak English, the use of an interpreter is necessary for proper (and legal) medical care.
- Relatives, especially children, should not be used as an interpreters except as a last resort. If using children as interpreters, you must understand that many medical terms may be improperly translated, and that the patient may not reveal many medical concerns, especially those having to do with sexual or emotional matters.
- Interpreters must be trained in medical interpreting in order to work effectively.
- Speak to the patient, rather than to the interpreter. Have the interpreter sit to one side or just behind you so that you can face the patient. Do not discuss the patient with the interpreter during the interview.
- Try and meet with the interpreter beforehand to learn basic facts about the culture and to discuss how you would like to set up the interview.
- Remember to schedule more time for appointments that will require the use of an interpreter.
- Use simple sentences and avoid technical terminology. Pause often to let the interpreter translate.
- Encourage the interpreter to ask questions and clarify points or words that he/she may not understand.
- Emphasize by repetition. Speak slowly (not loudly).
- In order to ensure that the patient has understood, ask him/her to explain the situation in his/her own words.
- Ask to be corrected, for example "Am I correct in saying that...".
- Most of all, be patient.

"When I first came, I was in a hotel in New York. My husband went into the shower and told me to answer the phone if it rang. I was so scared when it rang. I didn't know what to say. The person asked if we could come down for breakfast. I didn't know how to say that my husband was in the shower. I just said 'yes.' I told my husband never to leave me alone again. I never forgot that."

(Lao resident of Worcester)

Source: Castelo-Lim, Mary Lynn; Khoa Do; Keelee MacPhee; Yvonne Ting; Gabriel Wilson, "A Health Care Provider's Guide to Commonly Encountered Southeast Asian Health Care Related Problems", UMASS, Worcester, pp. 16-17. Prepared for a required medical clerkship at UMass Medical School in Worcester (January, 1995) Reprinted with permission.

Southeast Asian Businesses in Worcester

"The number of Southeast Asian small businesses in Worcester reflects the successful contributions of the Southeast Asian refugees."

(*Vietnamese accountant*)

ESTABLISHMENT	ADDRESS	PHONE
Markets		
A Dong Market	20 Millbury Street	755-4050
Asian Market	64 Green Street	799-0610
Ha Tien Market	892D Main Street	831-7413
Mekong Market	747 Main Street	755-4843
Millbury Fish Market	80 Millbury Street	831-7221
Restaurants		
Best Chinese Restaurant	892B Main Street	752-3392
Chef Ho	68 Vernon Street	754-8832
China Vietnam Take Out	Mid-town Mall	754-3596
China Wok	819 Main Street	799-5611
Dalat Restaurant	425 Park Avenue	754-9061
Minh Garden Restaurant	521 Main Street	799-0803
Pho Hien Vuong	76 Green Street	753-9755
Pho Saigon	976 Main Street	799-5250
Spanish Grille	703 Main Street	752-8738
Convenience Stores		
BB's Convenient Plus	118 Cambridge Street	752-5154
Convenience Plus One	65 James Street	753-5853
Danielle's Deli Market	6B Boylston Street	852-2465
Golden Mini Market	475 Lincoln Street	854-4824
Sunshine Deli	2 Oliver Street	752-9561
Beauty Salons		
California Hair Design	823 Main Street	752-8542
Fresher Nails	1114 Main Street	757-0727
My Do Vien Uong Toc	78 Green Street	753-5012
Star Nails	4 Front Street	754-6260
Viet's Salon	820 Main Street	831-7040

Other

Cuong H. Nguyen, M.D.	20 Millbury Street	757-2706
Phuong T. Pham, Dentist	17 Daniels Street	798-8525
A.C. Insurance and Travel	72 Millbury Street	799-9511
C.B.A. Insurance and Travel Agency	326 Pleasant Street	795-1492
Nhu Ngoc Travel and Video	860 Main Street	797-9043
Vina Am Travel	747 Main Street	791-2820
K & P Quality Furniture	1084 Main Street	752-2592
Kim Quang Jewelry Inc.	74 Green Street	797-3263
Bida Thanh Binh	821 Main Street	753-8130
Worcester Billiard	753 Main Street	756-4383
Thu Hong Coffee House	23 Millbury Street	752-5877
Manh Do Video	753 Main Street	792-5635
Que Huong Video	36 Green Street	754-3585
Cambridge Crossing Dry Cleaners	118 Cambridge Street	753-9874
Tatnuck Laundry and Dry Cleaning	644A Chandler Street	753-9937
Son Redemption Center	1103 Main Street	756-1553
Chandler Auto Body	162 Shrewsbury Street	799-0475
D & T Auto Repair	547 Park Avenue	753-6446
Hi-Tech Auto Body	41 Canterbury Street	754-8007
Don's Auto Body	105 Piedmont Street	754-7065
N.V. Auto Body Repair	7 Oread Street	798-3330
Tram Le Video Service	7 Wyman Street	795-1753

"Westerners in general and Americans in particular have a strong tendency to see Asians simply as Asians. That's very inaccurate. There's more diversity among Asians than among Europeans. Culture, conditions, languages—we should tell Americans more about that. For instance, demographic questionnaires lump Asians and Pacific Islanders together. But there is so much difference between these groups! Americans should try to learn more about the diversity among Asians."

(Southeast Asian social service professional in Worcester)

Asian American Resource Workshop. *The Massachusetts Asian/Pacific Islander American 1994 Directory.* Boston, MA: 1994.

An annotated directory of Asian American organizations in Massachusetts listed alphabetically and by population served. Very useful for networking. Copies available by mail for $6 each plus $3 shipping from the publisher, Asian American Resource Workshop, 160 Kneeland Street, Boston, MA 02111-2715; (617) 426-5313.

"Audio-visuals on Southeast Asia" is in the collection of the American Friends Service Committee/ Cambridge Film Library.

It includes more than 100 videos, films and slide shows on the war and the post-war period; perhaps the most extensive Indochina-related collection in the U.S. Write for a free catalog, or call (617) 497-5273.

Asian American Yellow Pages. (1995). Sudbury, MA: Asian Direct, Inc., (106 pages).

A yellow pages of services provided by Asian Americans or for Asian Americans. Includes listing of nonprofit organization, professional services, products and advertisements. Available free from: Asian Direct, Inc. P.O. Box 811, Sudbury, MA 01776. Phone: (508) 443-7888 or fax: (508) 443-8818.

Massachusetts Department of Mental Health. Office of Multicultural Services, Refugee Assistance Program. *Multi-cultural Populations Resource Directory.* (Updated yearly.)

A valuable listing of providers who serve immigrant and refugee populations in Massachusetts, categorized by language and population served. Available free of charge by calling (617) 727-4923 x366.

Office of Minority Health Resource Center
P.O. Box 37337, Washington, D.C. 20013-7337
1-800-444-6472 phone
(301) 589-0884 fax
(301) 589-0951 TDD

Established in 1987, OMH-RC is the largest resource and referral service on minority health in the nation. It offers

information about resource persons; funding; data and statistics; programs, organizations and literature; minority media; and mailing lists and labels. It publishes resource guides, materials packets, and a newsletter. Information and data base searches are provided free-of-charge over the telephone or by appointment at the Silver Spring, Maryland office.

Bureau of Refugee Services, Iowa Department of Human Services. *Resource Bibliography.* (April, 1995). (53 pages).
An excellent, up-to-date listing of resources available through the Bureau of Refugee Services (free for single copies). Topics include specialized health care issues like tuberculosis and dental care as well as more general publications on Amerasians, orientation to the U.S., and popular Southeast Asian stories and legends. Very clear and easy to use; it also lists the languages each publication is available in (most are available in several Southeast Asian languages as well as in English). The Bureau also maintains a loaning video library and information services available to the public at no charge (specializing in Southeast Asia). The bibliography is available at no charge from the Bureau of Refugee Services, Iowa Department of Human Services, 1200 University Avenue, Suite D, Des Moines, Iowa, 50314 or call (512) 283-7999; or 1 (800) 735-2942 TDD.

Association of Asian Pacific Community Health Organizations
1212 Broadway, Suite 730, Oakland, CA 94612
(510) 272-9536 phone or (510) 272-0817 fax
A national network of community health centers that provides comprehensive community health care services for the Asian Pacific Islander population with special focus on the medically underserved. AAPCHO publishes reports available to the public, including "Culturally Competent Health Service Delivery Under Managed Care for Asians and Pacific Islanders."

Asian American and Pacific Islander Journal of Health.
A peer reviewed journal focusing on the health status of Asian Americans and Pacific Islanders. It blends epidemiological, statistical, and cultural information. Published quarterly, the journal is available for $60/year (individual or organizations) to Asian American and Pacific Islander Health Promotion, Inc. 5525 Corey Swirl Drive, Dublin, OH 43017-3057. For information, call (614) 766-5219.

Massachusetts Department of Public Health. Bureau of Health Statistics. *Chinese & Southeast Asian Births in Massachusetts. Boston.* June 1993.

A long, well-documented report with easy-to-read charts and graphs. Provides detailed health statistics broken down by town and Southeast Asian group. Available for $7.50 including shipping from Public Information, Bureau of Health Statistics, Research and Evaluation, 150 Tremont Street, 8th Floor, Boston, MA 02111.

United States Commission on Civil Rights. *Civil Rights Issues Facing Asian Americans in the 1990s.* Washington, D.C.: U.S. Commission on Civil Rights, February, 1992. (233 pages.)

This well documented report is easy to read and full of current and useful information on bigotry and violence against Asian Americans, police community relations, access to educational opportunity, employment discrimination, and other civil rights issues. Available at no charge by writing to the U.S. Commission on Civil Rights, Publications Office, 624 Ninth Street, N.W., Washington, D.C. 20425.

"House of the Spirit: Perspectives on Cambodian Health Care." A video produced by American Friends Service Committee, 1985.

An excellent overview of traditional Khmer health practices and beliefs and how they interact with Western medicine. Good resource for sponsors and health care professionals dealing with Southeast Asian refugees. (41 minutes; VHS). Available from AFSC/Cambridge Film Library, the Iowa Department of Human Services Bureau of Refugee Services, or other libraries.

"The New Americans." A four part video series produced in 1980 by KCET, Los Angeles.

The series examines the cultures of the major Southeast Asian ethnic groups, the problems that refugee children have in adjusting to American culture, especially in the school setting. It uses refugee children as the main characters and is an excellent resource for older elementary classrooms. Each section is 25 minutes; VHS. Available on loan at no charge from the Iowa Department of Human Services Bureau of Refugee Services.

"Amerasians." A video produced by the Christian Science Monitor.

Describes the concerns and issues that Amerasians face as they seek to begin a new life in the United States. The

tape includes interviews with several Amerasians. (23 minutes; VHS). Available from the Iowa Department of Human Services Bureau of Refugee Services.

Teaching the Vietnam War: Classroom Strategies and Resources for Teaching the Vietnam War: An Annotated Guide

Called by Time Magazine, "a widely praised academic curriculum on Vietnam." In 12 units with more than 200 illustrations, it "teaches students how to reason ethically about moral choices." The curriculum is $24.95 in a binder or $19.95 in paperback; the teacher's manual is $10. Available (along with other resources on Vietnam) from Center for Social Studies Education, 3857 Willow Avenue, Pittsburgh, PA 15234; (412) 341-1967 phone or (412) 341-6533 fax.

Indochina Digest published by the Indochina Project, a non-profit program of the Vietnam Veterans of America Foundation. Washington, D.C.

A weekly newsletter published by the Indochina Project, a non-profit program of the Vietnam Veterans of America Foundation. Described as "possibly the most timely source of information on Vietnam, Laos, and Cambodia." Available for $35/year for individuals; $100/year for institutions. To subscribe, write to 2001 "S" Street, N.W., Suite 740, Washington, D.C. 20009; or call (202) 483-9222.

Indochina Newsletter.

Critiques U.S. policy towards Indochina and developments in those countries. Published five times a year. Subscriptions available for $14/year. (Complimentary copy available by request.) Write c/o 2161 Massachusetts Avenue, Cambridge, MA 02140; or call (617) 497-5273.

ACCORD: The Center for Human Relations and Community
59 Williams Street, Worcester, MA 01609
(508) 752-6111 phone
(508) 797-0069 fax

A local nonprofit organization striving "To make the Central Massachusetts area an inclusive, mutually respectful and supportive multi-cultural community...learning, working and living together in harmony." Among other activities, they provide intercultural training for area organizations.

Recent Works by and about Southeast Asians

Cambodian

Cambodian Culture since 1975, Homeland and Exile. 1994 (WPL-959.604 C176)*

Fiffer, Sharon Sloan. *Imagining America: Paul Thai's Journey from the Killing Fields of Cambodia to Freedom in the USA.* 1991 (WPL-BT364F)*

Haing Nor. *A Cambodain Odyssey.* NY Macmillian. 1987 (WPL-959.604 H153C)*

Martin, Marie Alexon. *Cambodia: A Shattered Society.* 1994 (WPL-959.604 M382C)*

Pin Yathay. *Stay Alive, My Son.* NY: Free Press. 1987 (WPL-959.604 P645S)*

Sheehy, Gail. *Spirit of Survival.* Boston: G.K. Hall 1987 (WPL-BS54124)*

Someth May. *Cambodian Witness: The Autobiography.* NY Random House. 1986

Szymusiak, Molyda. *The Stones Cry Out: A Cambodian Childhood.* 1975-1980. NY: Hill & Wang. 1986 (WPL-959.604 S999S)*

Teeda Butt Mam. *To Destroy You is no Loss: The Odyssey of a Cambodian Family.* NY Atlantic Monthly Press. 1987 (WPL-959.604 T258T)*

Laotian

Hamilton-Merrit, Jane. *Tragic Mountains: The Hmong, the Americans and the Secret Wars for Laos, 1942-1992.* 1992 (WPL 959.4 H314T)*

The Hmong in Transition. 1986 (WPL-304.808995 H677)*

Thai

Larsen, Wauradee. *Confessions of a Mail Order Bride, American Life through Thai Eyes.* 1985 (WPL-B1334)*

*The * indicates the book is availiable at the Worcester Public Library.*

RECENT WORKS

VIETNAMESE

Freeman, James M. *Hearts of Sorrow: Vietnamese American Lives.* Palo Alto, CA: Stanford University Press. 1989

Gettleman, Marvin; Jane Franklin, Marilyn Young, and Bruce Franklin. *Vietnam and America: A Documented History.* (2nd edition).

Hayslip, Le Ly. *When Heaven and Earth Changed places: A Vietnamese Women's Journey from War to Peace.* NY Doubleday. 1989*

Hayslip Le Ly. *Child of War, Women of Peace.* 1993 (WPL-BH426)*

McCauley, Anna Kin-Lan. *Miles from Home.* Wakefield, MA: AKLM Publications. 1984

Nguyen, Qui Duc. *Where the Ashes are: The Odyssey of a Vietnamese Family.* 1994 (WPL-959.70438 N576W)*

Nhuong, Huynh. *Land I lost: Adventures of a Boy in Vietnam.* (WPL-J916.97)*

Rutledge, Paul James. *The Vietnamese Experience.* 1992 (WPL-305.95922 R981V)*

Smoolan, Rick, and Jennifer Erwitt. *Passage to Vietnam.* Sausalito, CA: Against All Odds Productions, 1994. (214 pages).

Whelan, Gloria. *Goodbye Vietnam.* (WPL)*

Young, Marilyn. *The Vietnam Wars.* New York: Harper Collins, 1991.

GENERAL

Wain, Barry. *The Refused: The Agony of the Indochinese Refugees.* NY: Simon and Schuster. 1981

The Far East comes Near: Autobiographical Accounts of Southeast Students in America. Edited by Lucy-Hong-Nhiem and Joel Martin Halpern. Amherst: University of Massachusetts Press. 1989.

Special thanks to the reference librarians at the Worcester Public Library for their assistance in compiling this list.

The Coalition's Southeast Asian Health Program was recognized by the Secretary of Health and Human Services as an "Outstanding Community Health Promotion Program" in 1994.

About the Southeast Asian Health Coalition

In 1989, staff from the Family Health and Social Service Center, Catholic Charities, and Worcester's Office of Human Rights began meeting to discuss ways to improve services for the ever increasing number of Southeast Asians settling in Worcester. At that time, the major health issue identified was the lack of access to primary care, preventative care, and prenatal care due to major language barriers. There were NO Southeast Asian medical interpreters in any of the health care facilities in Worcester; not in the hospitals, not in the health centers, and certainly not in private offices.

The Family Health and Social Service Center, with the support of many Vietnamese community members, was funded by the Massachusetts Department of Public Health to hire two Vietnamese women to provide community education, outreach, case management, and interpretation for prenatal patients. The next year, the Health Center and community members organized two workshops on Asian culture and health beliefs for social service, education, and medical professionals in Worcester. Over 100 professionals attended each event.

Throughout 1990 Health Center staff met with Vietnamese community leaders to discuss health care needs and possible sources of funds for programs. The Office of Minority Health was contacted for information on grant opportunities. In the Spring of 1991, when the Minority Health Coalition Demonstration Grants became available, the Worcester Southeast Asian Health Coalition formalized its status and put together an application. In October, 1991, the Coalition with the Family Health and Social Service Center as the lead agency received funding from the Office of Minority Health.

Since the beginning, the Coalition has been primarily made up of individuals from the Vietnamese, Cambodian, and Laotian communities and social service, educational, and medical providers who serve the Southeast Asian community.

The mission of the Southeast Asian Health Coalition is to improve the health status, to provide leadership, advocacy, and resources for the development of strong family and cultural identity among the Southeast Asian communities in Worcester.

EVALUATION

To Our Readers:

We would like to know how well this document meets your needs and what information would be useful to add to future publications.

Please take the time to complete this evaluation and return it to:

Southeast Asian Health Coalition
Family Health and Social Service Center
26 Queen Street
Worcester, MA 01610

1. What did you find useful in this handbook?

2. What did you find not useful in this handbook?

3. What would you like added to the handbook?

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